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ABSTRACT

An attempt is made to analyze the ascendancy of formula feeding of infants in terms of the conflicting ideologies of Marxism and capitalism. The decline of breastfeeding is traced, and is linked with the interrelated phenomena of free market economics and the domination of women by men in Western society. The monograph has two sections: a "mainstream" analysis and a Marxist analysis. The term "mainstream" means that the analysis does not attack capitalism. Mainstream criticism of the Nestle corporation is raised on two grounds. First, statements by Nestle claiming that the company has provided a necessary service are not supported by appropriate data. Second, bottle feeding is not "cost-effective" for poor people living in poor nations. The Marxist criticism emphasizes that the historical process of the development of the capitalist mode of production has been responsible for the widespread shift to bottle feeding. Specific topics addressed are the Nestle corporation and imperialism, the historical role of women in production and reproduction, the effects on women of transitions from primitive to state societies, women and the medical profession, the "commoditization" of motherhood and other relationships, imperialism and public health, and the "insufficient milk syndrome." (RH)

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Cornell University
Program in International Nutrition

THE DECLINE IN BREASTFEEDING:

An Analysis of the Role of the Nestle Corporation from Two Perspectives

by

Carolyn E. Campbell

Cornell International Nutrition
Monograph Series
Number 11 (1982)

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Preface

This Monograph attempts to analyze, in terms of the conflicting ideologies of Marxism and capitalism, the ascendancy of formula feeding. The decline of breastfeeding is traced, and is linked with the interrelated phenomena of free market economics and the domination of women by men in our society.

The author uses the rise of the Nestle Corporation from a small Swiss firm to a giant multinational corporation, as a vehicle for discussion of these important issues. Although not promulgating a truly feminist doctrine, the Monograph links the loss of control by women over their lives and bodies, with both the influence of capitalism and with changing infant feeding practices.

Because of the nature of our society, of the press that we read, and of the manner in which news is presented to us, we are often turned off by political discussions of major issues when phrased in terms of Marxist versus capitalist ideologies. When faced with these terms we tend immediately to make comparisons in our minds between the actual situation in the Soviet Union and in the United States, which we consider the epitomy of Marxist and capitalist societies.

But this kind of thinking does not do justice to either Marxism or capitalism. The Soviet Union has become a dictatorship of the Politbureau rather than of the proletariat. It is a dictatorship that tramples on human rights and ignores individual liberty, it has practiced aggression both towards its Eastern European neighbors and in the developing world, and it has strayed far from a sound Marxist ideology into a quasi-communism very much tainted with certain capitalist practices. The United States practices an equally adulterated form of capitalist democracy. It has adopted many socialist programs of the welfare state, it has strayed far from true democracy, it has supported many abhorrent right wing dictatorships, it has been even more aggressive and colonialist in the third world than has the Soviet Union, and it has a dubious civil rights record, although human rights and personal freedom are much more respected in the U.S. than in the U.S.S.R.

This Monograph is not comparing Soviet Marxism and American capitalism, because these are now misnomers, but instead it is examining the purer ideologies and then putting them in some historical perspective as they relate to issues of infant feeding and of women's role in society. Despite the fact that both the U.S. and the Soviet Union are once again trying to get countries to line up in one or other camp, many third world countries are fiercely independent, they are not keen to take orders either from Moscow or Washington. This is equally true both for those that are avowedly socialist and for those dedicated to capitalism. Even if they do not follow it in practice, not a few of the more thoughtful third world leaders aim to incorporate into their philosophy of government what seems best from a number of different ideologies and practices. They seek to take some of the best aspects from, for example, Nordic capitalism (with its strong threads of socialism), from some of the Chinese

communist experiments in development, and from their own traditions of familyhood, communal sharing and decision making by consensus.

This Monograph is written by a highly concerned young scientist. She is worried, and even angry with the actions of her own government, the present directions of its foreign policy and the injustices that it has perpetrated at home and abroad. She is one of the generation of students whose protests helped extricate America from the debacle of its ill conceived policy in Vietnam; she is one of the new breed of Americans who through experience overseas has deep sympathy and grave concern for the plight of the poor in the third world; she is one of the modern women who understands that male domination adversely affects the lives of women everywhere from the cradle to the grave; and above all, she is a humanitarian determined to fight injustice wherever she finds it.

One may not agree with all that the author writes in this Monograph but one has to respect her convictions and be stimulated by her arguments. The world would be a much better place if there were more Carolyn Campbells in it.

Michael C. Latham

Foreword

This Monograph is an expanded and up-dated version of a paper written in the spring of 1979 for a graduate level City and Regional Planning course at Cornell University. The author is currently engaged in a breast feeding study which is underway in Mexico, using a Marxist approach. Many of the premises and concepts of the research are appropriate for this Monograph and are included.

The Monograph has two sections: a mainstream and a Marxist analysis of the breast/bottle feeding issue. The term "mainstream" means that the analysis does not attack the basic political-economic system, i.e. capitalism. Mainstream criticisms of Nestle, in this paper, are raised on two principal grounds: 1) that statements by Nestle claiming that the company has provided a necessary service are not supported by appropriate data; and 2) that bottle feeding is not 'cost-effective' for poor people living in poor nations. Within the capitalist system there is a spectrum of viewpoints ranging from arch-conservative that would eliminate all state control over the activities of business and industry; to left-leaning liberal that advocate government control, regulations and massive subsidies to business as well as welfare programs for the disenfranchised. Therefore, it is possible to criticize severely a corporation such as Nestle without challenging the system. Since the recent World Health Assembly vote on the WHO infant formula marketing code was so overwhelmingly positive (the only 'no' vote was cast by the U.S. Reagan Administration), and since there are more 'capitalist' than 'socialist' WHO members, the mainstream critique of Nestle seems appropriate. The mainstream analysis is a collection of statements that appear somewhat piecemeal. This is partly because Nestle's 8 point justification for its activities are criticized individually and because a mainstream analysis, particularly in economics, typically examines bits of reality in an isolated fashion and historical, social and political factors are accepted without question or are deemed irrelevant.

The Marxist analysis, on the other hand, has unity and coherence due to its historical and dialectical materialist perspective. Events are not isolated from their historical causes as occurs in mainstream analyses. Materialism, according to Lenin in his work Karl Marx (1) negates 'idealism' (Hegel's and other idealist philosophies), a philosophical school of thought that holds consciousness to be primary over nature and therefore that consciousness determines being. 'Idealism' states that an idea can occur independently of relationships or perceptions of relationships with material things. Materialism is the opposite of the metaphysical 'idealism'. Materialist philosophy asserts that nature is primary and human thought and consciousness are the outcome of being; the activities of the human brain are in concert with the rest of nature. Historical materialism asserts that social consciousness is the outcome of social being. As Marx stated in Capital: "Technology discloses man's mode of dealing with nature, the immediate process of production by which he sustains his life and thereby also lays bare the mode of formation of his social relations, and of the mental conceptions that flow from them." (2)

Factors which the mainstream calls 'culture' are thus secondary to the mode of production. Social relations and consciousness expressed in art, law, language, family structure, etc. grow out of the mode of production, which Marx called the substructure, while 'cultural' factors derived therefrom form the superstructure. The important point is that the economic base, i.e. mode of production, is the most important (but not necessarily the only) element in the formation of the superstructure with the latter changing to suit the needs of the former. For example, the European moral codes of the middle ages cited usury as one of the most vile of sins. When capitalism became the mode of production, morality had to be overhauled to accommodate the new economic order which was based on usury (3).

Due to space limitations, much material of relevance to the broader discussion was necessarily omitted from both parts of this comparative analysis. However, the data and forms of analysis presented provide a useful foundation for further debate and discussion.

Table of Contents

	Page
Introduction	1
Background to the Controversy	5
Mainstream Analysis	7
(a) Nestle's explanation of its role	7
(b) The economics of breast feeding	13
Marxist Analysis	16
Introduction	16
The Nestle Corporation and Imperialism	17
Radical Editorial Commentary	28
The Historical Role of Women in Production and Reproduction	29
Primitive to State Societies: Effects on Women	31
Women and the Medical Profession	35
The 'Commoditization' of Motherhood and Other Relationships	45
Imperialism and Public Health	47
The "Insufficient Milk Syndrome"	51
Conclusion	52
Mainstream Analysis	52
Marxist Analysis	53
Bibliography	56

"When I see an emaciated, dehydrated, seriously ill baby...when I find that the mother was persuaded to bottle feed rather than breast feed because of the immoral promotion of infant formula, then I do become angry."

Dr. Michael C. Latham
Director
Program on International Nutrition
Cornell University

Introduction

This paper will examine the breast vs. bottle feeding issue focusing on an analysis of the behavior of Nestle, the largest corporation involved in infant formula sales to third world countries. The analysis will be done on two levels: mainstream and Marxist. Part I, the mainstream analysis, will look at Nestle's own arguments, as well as arguments of mainstream critics. Part II will bring out the most important elements from a Marxist point of view.

There are extreme, fundamental differences between a Marxist and a mainstream analysis of a given problem. Briefly, in sociology, the mainstream sees stratification as the result of society unconsciously rewarding its most able for their efforts and achievements. The nature of man is taken as inherently "evil" and institutions arise in order to control these evil tendencies.

Mainstream social science is viewed by Amin (4) as follows:

> "It is possible to get as far as a doctorate in the social sciences in the United States without knowing that one lives in a capitalist society! The basic concepts of social science are ahistorical: the three 'factors' of production (nature of land, capital--synonymous with production equipment--and labor) are combined in an infinite number of ways, always according to the well-known technical formulas of the society under study. Social science is not based on history, and even when history is not reduced to a direct sequence of events, it does not go beyond a comparative description of institutions and of social, moral, political, or aesthetic ideas. Sociology is grafted onto this shapeless mass; its aim is to examine, in terms of functionality, whether parts of social life, taken at random, are satisfactory or not."

Mainstream macro and micro economics embraces mainstream sociology and focuses its problem solving on simple market relations (supply and demand, prices, etc.), isolating them from production and historical forces. The labor of human beings and the outcome of the mode of production on the community, family, health, etc. are of no consequence, unless they affect detrimentally the profitability of capital, or the welfare of the capitalist himself. People sell their labor as a baker sells bread--little does it matter to the capitalist that surplus labor (insufficient "buyers") results in the degradation of the human being, sickness, starvation and early death. Mainstream economics concentrates on graphs and equations, stock market quotations and forecasts, all of which are presented as if they were the only important, relevant factors determining our existence. That foreign armies invade countries to plunder and control resources subjugating the native population in the process; that military police massacre the civilian population which has protested abysmal wages and high unemployment; that democracy, a

supposed necessity of early capitalism, is discarded with the ease that a molting snake sheds its old skin; that all these occur seems of little consequence to mainstream economists who see only prices and "factors of production" with human labor being just another inert "factor". Capitalism and its economists dehumanize the human; make persons just an appendage of the machine and even more easily replaced than the machine.

Adam Smith, one of the foremost economists in the mainstream tradition, held that "in a market economy the forces of supply and demand act as an 'invisible hand' to guide resources into their most efficient uses and to distribute the proceeds of the productive process in a reasonably fair manner" (3). Selfish, egoistic motives were asserted to be man's driving force to action and therefore as the capitalist revolution proceeded to tear down the old established order, greed and self-interest became supreme traits, the epitome of humanness. Old state regulations on commerce and industry were thwarted, often with violence, and the new order proclaimed individualism as the way to achievement and progress. Mandeville's 1714 thesis that the "vices most despised in the older moral code, if practiced by all, would result in the greatest public good" (3), became the ideological focus of capitalist social and production relations and justified the economic theories that followed.

A Marxist analysis, in contrast, focuses dialectically* on the mode of production as the basis for understanding the history of society, its evolution, the origin of its law, politics, art, etc. Institutions arise to protect and further the interests of the dominant group or class. Whereas mainstream analysts generally isolate events from their historical context, Marxist analysis views a problem from a historical perspective with the present being intimately and causally linked to the past. The present is a dialectical product of historical materialist processes and cannot be truly explained unless seen in that light.

Marx observed the wretchedness of the working men, women and children in the factories of Europe at the peak of the industrial revolution. He saw human life degraded to its utmost and, as a student of the German materialist philosopher Feuerbach, sought to improve the latter's work by expanding it to the point of providing once and for all a <u>scientific method</u> for the study of society. Marx's unparalleled genius, dedication, commitment, perseverance, and prolific writing enabled him, in spite of many obstacles, to accomplish his unprecedented task, thus providing an understanding of society's "laws of motion" and making Marx the obvious target for all the defensive wrath of capitalists and their intellectual apologists. Several quotes from Marx give insight into his philosophy and understanding of contemporary and past society.

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* Dialectics is the study of the contradictions within the essence of things. The dialectical method assumes that for every <u>thesis</u> there is an <u>antithesis</u> with the contradiction between the two--resulting in a synthesis. This applies to natural laws as well as to human organization.

> "In the social production which men carry on they enter into definite relations that are indispensable and independent of their will; these relations of production correspond to a definite stage of development of their material powers of production. The sum total of these relations of production constitutes the economic structure of society--the real foundation, on which rise legal and political superstructures and to which correspond definite forms of social consciousness. The mode of production in material life determines the general character of the social, political and spiritual processes of life. It is not the consciousness of men that determines their existence, but, on the contrary, their social existence determines their consciousness. At a certain stage of their development, the material forces of production in society come into conflict with the existing relations of production, or--what is but a legal expression of the same thing--with the property relations within which they had been at work before. From forms of development of the forces of production these relations turn into their fetters. Then comes the period of social revolution. With the change of economic foundation the entire immense superstructure is more or less rapidly transformed. In considering such transformations the distinction should always be made between the material transformation of the economic conditions of production which can be determined with the precision of natural science, and the legal, political, aesthetic or philosophic--in short, ideological forms in which men become conscious of this conflict and fight it out." (5)

To Marx, capitalist relations of production resulted in an extreme form of alienation for the worker who was reduced to nothing more than a commodity to be bought and sold producing a profit for the capitalist who bought it.

> "What, then, constitutes the alienation of labor? First the fact that labor is external to the worker, i.e., it does not belong to his essential being; that in his work, therefore, he does not affirm himself but denies himself, does not feel content but unhappy, does not develop freely his physical and mental energy but mortifies his body and ruins his mind. The worker therefore only feels himself outside his work, and in his work feels outside himself. He is at home when he is not working, and when he is working he is not at home. His labor is therefore not voluntary but coerced; it is forced labor. It is therefore not the satisfaction of a need; it is merely a means to satisfy needs external to it. Its alien character emerge clearly in the fact that as soon as no physical or other compulsion exists, labor is shunned like the plague. External labor, labor in which man alienates himself, is a labor of self-sacrifice, or mortification. Lastly, the external character of labor for the worker

> appears in the fact that it is not his own, but someone else's. ...As a result, therefore, man no longer feels himself to be freely active in any but his animal functions--eating, drinking, procreating, or at most in his dwelling and in dressing up, etc.; and in his human functions he no longer feels himself to be anything but an animal. What is animal becomes human and what is human becomes animal." (6)

As will be discussed in the pages that follow, capitalism necessarily causes misery for the working class.

> "...within the capitalist system all methods for raising the social productiveness of labor are brought about at the cost of the individual laborer; all means for the development of production transform themselves into means of domination over, and exploitation of, the producers; they mutilate the laborer into a fragment of a man, degrade him to the level of an appendage of a machine, destroy every remnant of charm in his work and turn it into hated toil; they estrange from him the intellectual potentialities of the labor process in the same proportion as science is incorporated in it as an independent power; they distort the conditions under which he works, subject him during the labor process to a despotism the more hateful for its meanness; they transform his life time into working time, and drag his wife and child beneath the wheels of the Juggernaut of capital. But all methods for the production of surplus value are at the same time methods of accumulation; and every extension of accumulation becomes again a means for the development of those methods. It follows therefore that in proportion as capital accumulates, the lot of the laborer, be his payment high or low, must grow worse....Accumulation of wealth at one pole is, therefore, at the same time accumulation of misery, agony of toil, slavery, ignorance, brutality (and) mental degradation at the opposite pole...." (2).

The two analyses, mainstream and Marxist, of the breast/bottle feeding issue which are presented in this monograph focus for the former on the market: supply and demand, pricing, "utility" (related to the demand for a commodity), relative costs (prices) of commodities necessary to sustain breast and bottle feeding; for the latter on a historical analysis of production and reproduction as well as political economic analyses of these factors with family relations seen as a reflection of production relations. An analysis of imperialism as well as the Marxist feminist analytical approach, first set down by Engels in his classic work The Origin of the Family, Private Property and the State, will be the foci for the first part of the two-section study.

While this monograph has chosen to emphasize the activities of the Nestle Corporation, many aspects of the analysis are generalizable to the formula

industry as a whole, to the medical profession and to womankind in general since the shift to bottle feeding has occurred or is happening in almost all countries.

Background to the Controversy

It is important to understand some basic facts concerning this problem. First of all, babies are unable to consume adult food as their digestive systems, kidneys and other organs are not mature enough to handle most foods. Pure cow's milk is not a suitable substitute for mother's milk (newborns and young infants fed pure cow's milk may die) and until recently, there was no adequate mother's milk substitute available. About a century ago, cow's milk based mixtures were devised that were acceptable substitutes for breast milk. Both the production and the distribution of formula have markedly increased over the past 100 years to the point where such products are found throughout the world including even remote rural areas.

Why is there a controversy? The problem stems from the fact that infant formula, to be prepared properly, needs sterile bottles, sterile water, correct measuring, etc. For a poor villager or urban slum dweller, such conditions are difficult and costly, usually impossible, to obtain. More often than not, formula is made with contaminated water and/or the formula is diluted to "stretch" it because of its very high cost. The result of this practice is infant malnutrition and disease, especially diarrhea which often leads to dehydration and death.

A further problem arises due to the fact that the purchase of formula is not totally based on the perception of its "utility" or "value". For a variety of hormonal and physiological reasons, after 1-2 weeks of no breast feeding, a previously lactating woman will discover her milk has dried up and although she might wish to return to breast feeding, she, in most cases, cannot do so unless she is willing and has the knowledge to undergo a lengthy process of relactation. The mother is, in effect, "hooked" on formula. This factor also affects the pricing of formula because demand can be manipulated more easily under these circumstances.

While health professionals working in Third World countries had been documenting the increase in infant morbidity and mortality due to bottle feeding for more than a decade prior to 1974, these protests and statistical proofs were not available to the general public and therefore there was no apparent controversy. However, in 1974, the London-based group 'War on Want' published a pamphlet entitled The Baby Killer: an investigation into the promotion and sale of powdered baby milks (7). This pamphlet, translated into 4 languages by a Swiss group (Third World Working Group), spearheaded the development of the rather highly publicized controversy on baby formula. Nestle sued the Swiss group for libel, won the suit, was awarded token damages, but received a stern reprimand from the judge telling Nestle to reform its marketing procedures and tactics (8). The entire series of events brought the bottle feeding issue into the public domain and the controversial "battle lines" were drawn.

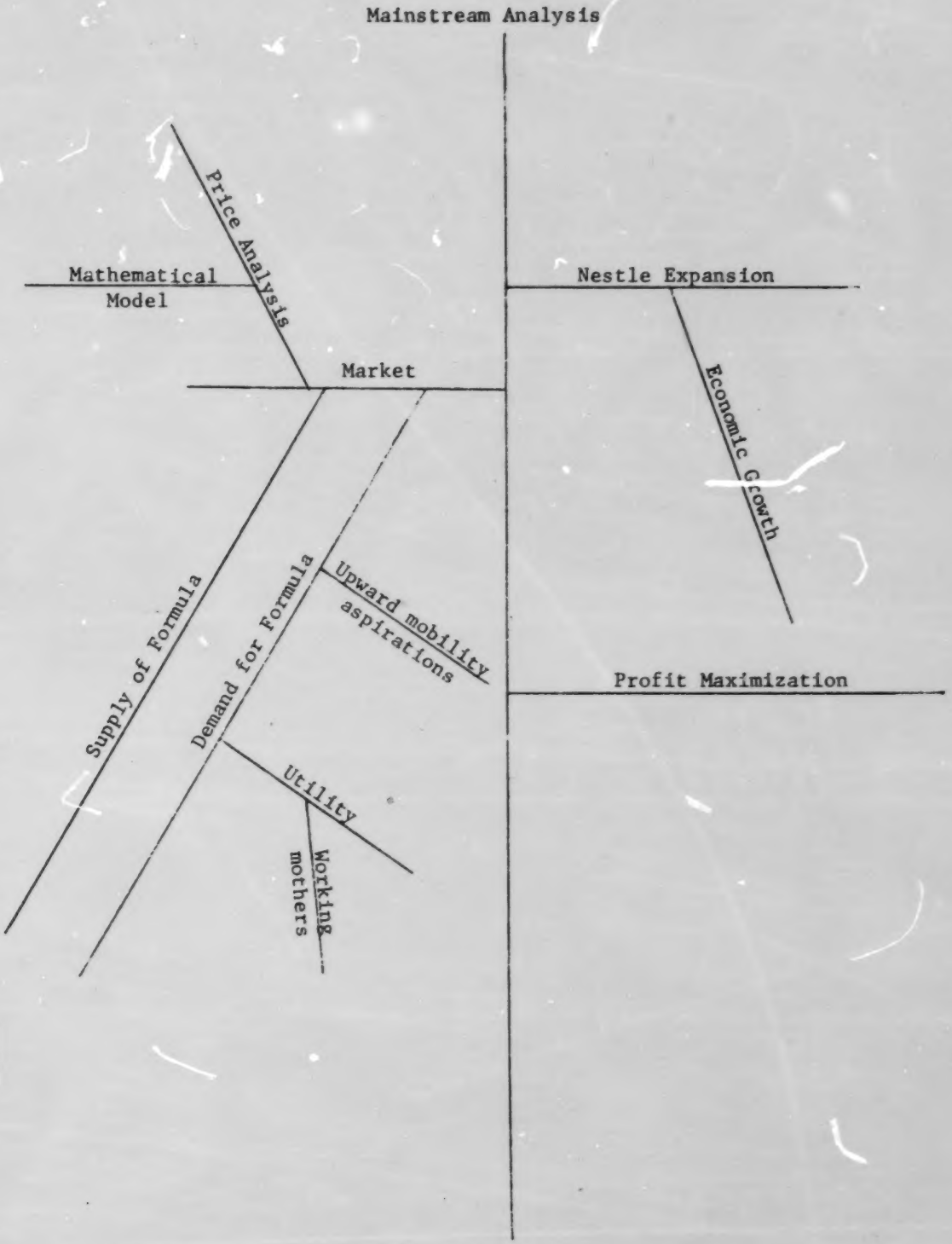

Figure 1. Schematic, mainstream analysis

Mainstream Analysis

(a) Nestle's explanation of its role

Nestle's own explanation and justification for its role in this controversy must be seen as one facet of the "mainstream" analysis. According to the corporation's publication "Nestle in Profile" (9), the Nestle Corporation, a large multinational, has been expanding horizontally and internationally most notably since the end of World War II. Expansion has been undertaken in order to maximize profits and to diversify both markets and products. Formula production and sales were expanded first into Latin America, then throughout the underdeveloped world. Nestle has expanded by buying up existing food companies (e.g. Stouffers in the U.S.) or by building new food processing facilities as they have done in many developing countries. Sales and profits have increased due to this expansion bringing increased dividends to shareholders, a majority of whom are Swiss. A specific amount of Nestle's income is earmarked annually for expansion.

In April, 1979, the Nestle Corporation, responding to increasing criticisms of its infant formula marketing practices, published a pamphlet entitled "Nestle and Infant Formula, Facts and Fallacies" which includes 8 points used by Nestle to justify their formula promotion (10). A look at this list of points, shown below, indicates that Nestle's justifications for its continued formula promotional campaigns are a thinly veiled attempt to justify an unethical sales practice with superficial, progressive-sounding rationalizations. And, the politically motivated financial contributions given by Nestle to Ernest Lefever's "Center for Ethics and Social Policy" have been exposed as has Lefever himself in the course of Senate Hearings on his nomination to head the State Department's Human Rights Office. In this part of the mainstream analysis, Nestle's 8 points are given along with a "mainstream" refutation of their content.

Nestle's Eight Points:

1) Infant mortality is decreasing most in urban areas where more Nestle-formula is sold and this formula, as a supplement, has saved many children from malnutrition.

2) Urban migration is sending more mothers into the work force and therefore a breast milk substitute is necessary.

3) Some governments of state controlled economies have invited Nestle to do infant food promotions thereby proving that promotion serves a useful educational purpose.

4) The main purpose of Nestle employed health personnel is to explain the proper use of its products to doctors and nurses in hospitals.

5) The distribution of free samples is normal and correct in physician related sectors especially in those, e.g. missions, orphanages, clinics, etc., that have limited resources. For Nestle free samples amount to only 0.5% of sales.

6) Nestle engages in a variety of efforts to assume that mothers understand the proper and safe way to formula feed their babies, e.g. sterile bottles, boiled water, etc. The assumption that poor illiterate third world mothers are incapable of correct formula preparation and delivery is a form of racism.

7) Most formula is sold to middle and upper class mothers or to urban families in which the mother works.

8) A boycott of Nestle products in the U.S. will not help any third world infants, but would harm instead the financial security of the 20,000 families associated with the Nestle Corporation in the U.S.

Point by point refutation

1) Infant mortality is decreasing most in urban areas where more Nestle formula is sold and this formula, as a supplement, has saved many children from malnutrition.

Critique

Contrary to Nestle's claims, the decrease in infant mortality among the world's poor is due to an increase in the availability of medical services, and formula use is more often associated with malnutrition rather than with health. For example, a study of mortality records carried out in 13 Latin American communities showed that nutritional deficiency was a principal cause of death in the first year of life and that death due to nutritional deficiency was much less frequent in infants who were breast fed and never weaned than in infants who were breast fed not at all or for only limited periods (11).

In addition, Nestle implies a cause-effect relationship when stating that "infant mortality is decreasing most in urban areas where more Nestle formula is sold." The two phenomena, sale of infant formula and the lowering of the infant mortality rate, may coincide in time and place but it cannot be stated that formula use is therefore the cause of the decline in infant mortality. As stated previously, the lowering of the infant mortality rate among the urban poor is due to the increased availability of medical services and to many other factors operating especially in the urban areas, and in spite of increased morbidity due to formula use. Studies undertaken in rich and poor countries alike have documented the increase in bottle-related infant morbidity and hospitalization rates even among families that have the income and hygienic facilities to provide a safe, properly diluted formula to their infants (12,13).

Proponents of formula feeding often argue that formula must be readily available for the small minority of women that cannot breast feed due to illness, separation from their infant, etc. The problem with this line of reasoning is that it is an attempt to justify formula promotion by stating that massive, indiscriminate advertising efforts are necessary in order to reach the small minority of women who truly cannot breast feed. However, is it fair to jeopardize the health and even lives of hundreds of thousands of infants in poor families through

inappropriate bottle feeding and resultant malnutrition, diarrhea, pneumonia, etc. to perhaps save the lives of the few infants in families where breast milk is unavailable? Many products (for example condoms, vegetables) are not advertised or promoted using hard sell techniques.

While the knowledge of a commodity or service is necessary for its utilization, so too is monetary sufficiency to purchase it. The infant whose mother cannot breast feed and whose family is very poor will not have much chance of adequate growth or even survival on formula regardless of a mother's awareness, via publicity, of the availability of and correct preparation procedures for formula. If manufacturers are truly concerned for infants who have no breast milk available, they should lobby for formula to be provided at little or no cost to poor families where breast milk is unavailable to the infant.

Furthermore, since most bottle feeding takes place in urban areas where there are numerous clinics and maternity facilities, it would not be difficult to set up a system in which formula could be provided, perhaps on a sliding fee scale, to those infants whose mothers could not breast feed. Such formula use could be recommended by a paraprofessional worker, doctor, nurse, etc.

2) Urban migration is sending more mothers into the work force and therefore a breast milk substitute is necessary.

Critique

This statement implies that rural to urban migration of low-income families causes previously unemployed rural women to become employed in urban jobs and that these jobs are incompatible with child care, and therefore breast feeding. A significant fallacy in this statement is that it implies poor rural women do not participate in productive non-household labor. On the contrary, in many developing societies throughout Asia, Africa and Latin America, rural women make a significant contribution in food production, trading, artisan work, livestock tending, etc. (14). In fact, rural-urban migration as a rule results in a decrease in women's non-household productive opportunities. Many women find their job possibilities limited to domestic service (15).

Focusing on studies of Mexico, for example, one of the world's most rapidly urbanizing countries, it can be shown that the vast majority of women do not participate in the labor force and that many that do are in occupations that are not incompatible with child care. According to 1970 census data, only 19% (or 2,500,000) of the 13,000,000 Mexican men and women classified as economically active are women. Of these 2,500,000 working women, less than 600,000 of the female non-agricultural wage workers are "really workers": less than 400,000 work in administrative offices and the rest as domestics and manual workers. A scant 2% of the total are in higher professional categories, the only income bracket in which bottle feeding would appear to be adequately practicable in terms of both hygiene and purchasing power. Approximately half of all working women earned less than $40.00 U.S. per month (16). The cost of formula feeding would have consumed a sizable proportion of the income of this group of women had they been mothers of infants (17).

Another important factor in this discussion is that rural-urban migrant women in Mexico are predominantly in the 14-25 year age group (18), many unmarried and/or without children. After marriage, most women leave their jobs. In any case, the husband usually decides whether or not his wife will work (19).

A final note on this point is that women who wean their babies from the breast rarely cite work as their reason. A review of the literature on weaning shows that only 6% of the women surveyed in various countries cited "work" as their reason for weaning from the breast (20).

Therefore, the cause-effect relationship (i.e. rural-urban migrant women enter the urban work force and thus must rely on formula to feed their infants) is not borne out by the literature on reasons for weaning nor on migrant women's actual participation in the urban work force.

3) Some governments of state controlled economies have invited Nestle to do infant food promotions thereby proving that promotion serves a useful educational purpose.

Critique

The ambiguity of the statement makes it difficult to understand. First of all, the countries involved are not listed and the implication is that they are "socialist." If that is the case, it is certain that Nestle, while "promoting" its products, would be under strict guidelines and limitations. In fact, the purpose and content of these "promotional invitations" is intentionally unstated. Secondly, there is the implication that governments of state-controlled economies are wiser and more ethical, therefore making formula promotion in this milieu a proof of its educational worth. However, Nestle's public insistence that the regulation of formula promotion violates free enterprise and that such regulation is socialist or communist inspired makes the use of this statement paradoxical and contradictory to corporate policy and activities.

4) The main purpose of Nestle employed health personnel is to explain the proper use of its products to doctors and nurses in hospitals.

Critique

This statement is grossly distorted as there are documented cases of Nestle personnel dressed in nurse's apparel visiting villages to promote formula directly to pregnant women and mothers of young infants. A photographic example of this type of promotion is shown in Nestle's own centennial yearbook in which a man in a white uniform shows rural African women how to prepare formula (21).

Nestle's so-called educational efforts aimed at hospital medical professionals (doctors, nurses, etc.) are no more than the result of Nestle's decision to use the health profession as a marketing tool and

as a means to increase Nestle's own product diversity and appeal. Nestle's own annual report states:

> "Milks for infants made satisfactory progress despite falling birth rate and the shortening of the exclusively milk feeding period. However, some factors are more favorable, such as the increased buying power in the developing countries, and the rising number of births in maternity hospitals where it is easier to reach mothers. This is due to the fact that the medical staff there is more likely to influence mothers with regard to the food most suitable for their babies." (22)

> "Efforts to improve information in the field of baby feeding and to foster close contacts with the medical profession have continued. The contacts are resulting in the development of products and services, such as ready-to-use infant formulas." (23)

And Nestle employs its own health personnel in company-sponsored clinics as a means of promoting its products. According to the business publication Business Abroad:

> "In less-developed countries, the best form of promoting baby food formulas may well be the clinics which the company sponsors, at which nurses and doctors in its employ offer child care guidance service. One fruitful byproduct of this operation is that at christenings and birthday parties Nestle products often are given as presents." (24)

5) The distribution of free samples is normal and correct in physician-related sectors especially in those, e.g. missions, orphanages, clinics, etc. that have limited resources. For Nestle, free samples amount to only 0.5% of sales.

Critique

This ambiguous statement does not explain why free formula sample distribution is "normal and correct in physician-related sectors." In fact, pharmaceutical products are routinely dispersed directly to physicians so that they might promote and endorse the drug or other such items to increase sales. According to the publication American Druggist: "Baby formula is a high volume item that is practically pre-sold to new mothers via physician/hospital endorsement." (25)

The Nestle statement implies that free sample distribution is a form of philanthropy undertaken to benefit health-related facilities that have limited resources and cater to the poor. However, since Nestle admits that only 1/200 of total formula sales are given as free samples, the importance of this distribution mode is miniscule and in fact strengthens the notion that free samples are indeed a very effective means of increasing sales. In addition, free samples are given

indiscriminately in most cases to mothers of young infants and to women in maternity wards, thereby making the reference to orphanages and missions pure propaganda.

6) Nestle engages in a variety of efforts to assure that mothers understand the proper and safe way to formula feed their babies, e.g. sterile bottles, boiled water, etc. The assumption that poor illiterate third world mothers are incapable of correct formula preparation and delivery is a form of racism.

Critique

The use of the term "racism" in this statement is to imply that Nestle is profoundly anti-racist. Figure 3 (page 19) however shows the extensive investment and diversity which Nestle has in South Africa--a country whose apartheid policy and extreme discrimination on the basis of race and skin color is central to the philosophy of the white racist regime there. In addition, this ambiguous generalization implies that Nestle provides educational and other campaigns to make sure mothers understand correct formula use. This may, in some cases, be true. However, an understanding of correct formula preparation by poor people does not miraculously provide them with the income and sanitary facilities needed to follow directions for formula preparation.

Furthermore, Nestle's critics, i.e. international church organizations, far from being racist, support the rights of the poor to have decent incomes, to be educated, and to live in a clean, sanitary environment. Nestle's critics realize that the correct preparation and dilution of formula are economically out-of-reach of many poor families that lack potable, uncontaminated water, adequate fuel and cooking facilities for boiling water and sufficient income to purchase the proper amount of formula without using up too great a portion of the family food budget. Nestle has not come out against the injustices suffered by any of the world's poor, most of whom are "non-white". This may indeed be interpreted as racist. Also, Nestle's shareholding policy guarantees that control of the corporation will always be (discriminatorily) Swiss.

7) Most formula is sold to middle and upper class mothers or to urban families in which the mother works.

Critique

First of all, Nestle provides no data to prove this statement which is, in fact, doubtful. Second, as was stated in critique no. 2, many poor, urban, non-working women use formula. Third, Nestle's formula is promoted and sold very widely in small rural village shops in Asia, Africa and Latin America. The entire statement is questionable as is Nestle's purpose in making it.

8) A boycott of Nestle products in the U.S. will not help any third world infants, but would harm instead the financial security of the 20,000 families associated with the Nestle Corporation in the U.S.

Critique

This is the most important and the only valid point which Nestle makes. While using statements 1-7 to try and divert the public's attention to moral, ethical and racial issues, Nestle indeed is most concerned with the effects of a U.S. boycott of its products. Although 20,000 U.S. workers (7% of Nestle's workforce worldwide) are involved in Nestle's U.S. operations, the important consideration is that 20% of Nestle's world product turnover is in the U.S. A successful boycott would affect profits and expansion capabilities and would seriously hurt the company financially (26). The boycott in the U.S. has focused attention on the dangers of formula feeding and the advantages of breast feeding. In the long run this may help third world infants.

(b) The economics of breast feeding

Another mainstream critique of formula use is encountered in the cost benefit analysis of breast versus bottle feeding. In this type of analysis, the costs of formula, preparation time, sterilization procedures, bottles, etc. are compared to the costs necessary to provide the mother herself with the extra food necessary to insure an adequate breast milk output. The analysis is done at both the national and individual levels.

The national level analysis will utilize data from a study undertaken in the Ivory Coast and Ghana (17). The study was based upon the following theoretical mathematical model which, assigning monetary values to all parameters, is an attempt to quantify the most significant factors in the breast versus bottle feeding issue. The final equation is:

$$BF_i = (H_{bf} + D_{af} + \sum_{j=1}^{n} G_{af} + \sum_{k=1}^{p} T_{af}) - (\sum_{i=1}^{m} G_{bf} + T_{bf})$$

where BF_i = incremental value of breast feeding
H_{bf} = health producing effects of breast feeding
D_{af} = disease producing effects of artificial feeding
$\sum_{j=1}^{n} G_{af}$ = sum of all costs of goods necessary to artificial feed
$\sum_{k=1}^{p} T_{af}$ = costs of item necessary to artificial feed
$\sum_{i=1}^{m} G_{bf}$ = sum of costs of all goods necessary to breast feed
T_{bf} = costs of time necessary to breast feed.

The results of this study give the following numerical substitutions into the equation and are applicable to both countries:

$$BF_i = H_{bf} + D_{af} + 305 + 599 - (51^* + 211) \text{ dollars}$$

$$= H_{bf} + D_{af} + \$642.00.$$

* Based on a rice plus peanut sauce supplement for the mother.

Thus, breast feeding an infant for two years could conceivably save a family $642.00 with additional savings due to the health effects of breast feeding which would lessen the chance of diarrhea and other diseases which would require costly medical care.

The economic value of breast feeding may also be examined at the national level where the value of breast milk as a commodity becomes staggering. For example, Berg (27) has shown that in Chile in 1959, potential breast milk production was 57,700 tons, of which 95% was actually utilized. By 1970, of a potential production of 93,200 tons, only 16% was utilized. The milk of 32,000 cows would be necessary to cover that loss. In Kenya, the estimated annual loss of breast milk as a resource is $11.5 million (equivalent to 2/3 the annual health budget for the entire country, to give an idea of the magnitude of the waste). Additionally, infant formula is usually imported thus draining further a poor nation's foreign exchange.

Eighty-seven percent of all babies born are in the less developed nations of the world. Approximately 25% of them are in urban areas where the trend to bottle feed is greatest due partly to increased participation of women in the work force and partly due to the adoption of "modern ways." The lack of breast feeding may cost these nations as much as $780,000,000.00 each year (27).

In conclusion, although Nestle has argued in favor of its policies, the analysis of the pertinent empirical data concerning the commodities breast and bottle milk indicate that artificial infant feeding is not economical for poor families and poor nations.

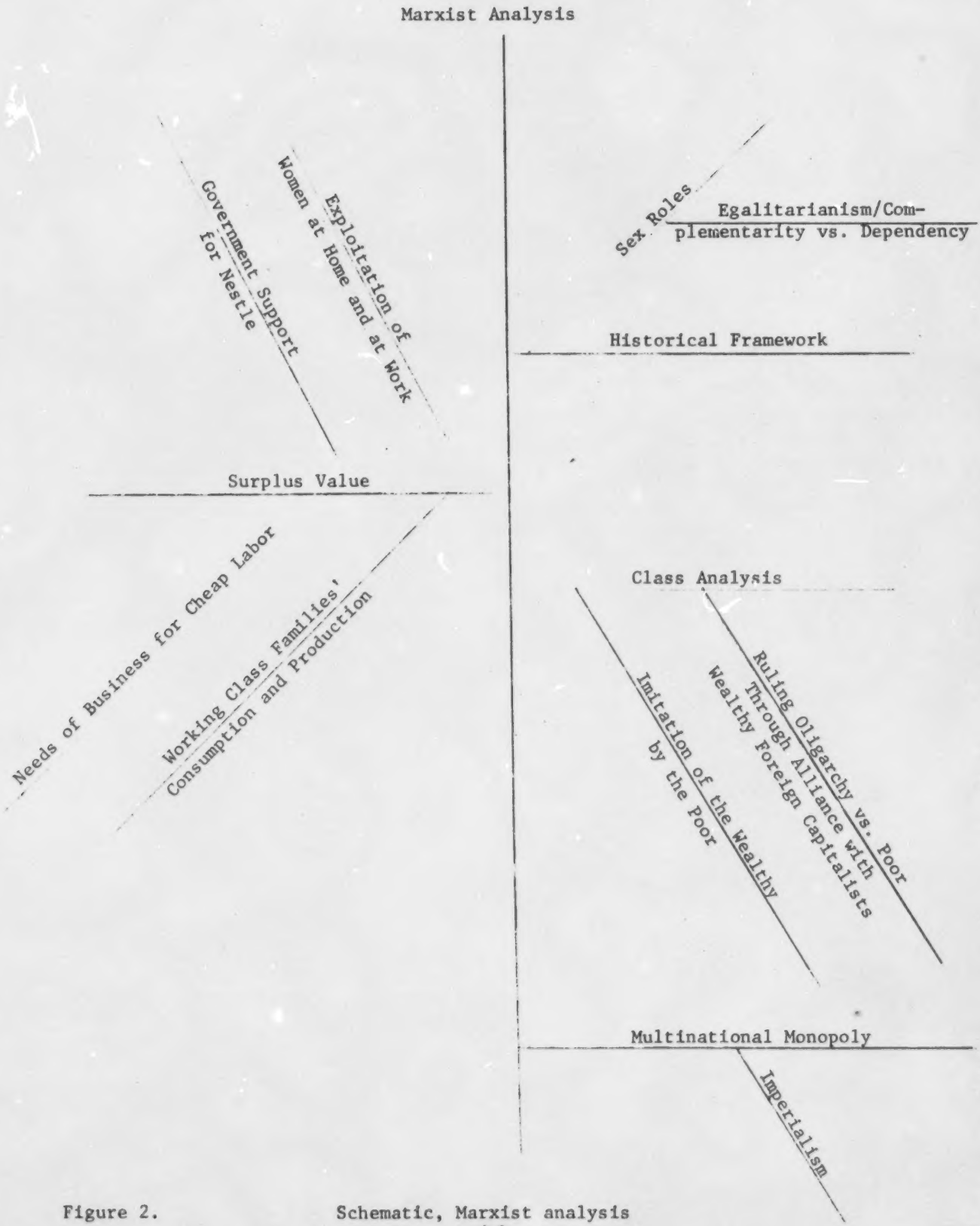
Marxist Analysis
Sex Roles
Egalitarianism/Complementarity vs. Dependency
Historical Framework
Exploitation of Women at Home and at Work
Government Support for Nestle
Surplus Value
Needs of Business for Cheap Labor
Working Class Families' Consumption and Production
Class Analysis
Ruling Oligarchy vs. Poor Through Alliance with Wealthy Foreign Capitalists
Imitation of the Wealthy by the Poor
Multinational Monopoly
Imperialism

Figure 2. Schematic, Marxist analysis

> Legal constraint (on labor) is attended with too much noise...whereas hunger is not only a peaceable, silent, unremitted pressure, but as the most natural motive to industry and labor, it calls forth the most powerful exertions. It seems to be a law of Nature that the poor should be to a certain degree improvident that there may always be some to fulfill the most servile, the most sordid and the most ignoble offices in the community...It (the Poor Law) tends to destroy the harmony and beauty, the symmetry and order of that system which God and Nature have established in the world.
>
> Rev. J. Townsend, 1786, Quoted in Capital, Vol. 1, by Karl Marx

Marxist Analysis

Introduction

The discussion of whether or not breast milk is the ideal infant food is like asking whether or not the kidneys are the ideal means of eliminating metabolic wastes from the body and a suggestion that perhaps dialysis machines might replace human kidneys. That the question is asked at all is a symptom of the underlying problem and is an attempt to alienate men and women even further from the fundamental processes of life itself.

The biological evolution of infant feeding necessitates an analysis of the characteristics of the Class Mammalia of animals which include such things as: hair, nursing habit, advanced brain, etc. (28). All mammalian species have mammary glands (hence the term 'mammal') which evolved along with gestation, the form of reproduction characteristic of mammals. Mammalian newborns are generally incapable of eating food obtained from the environment because of the immaturity of their digestive systems. Each species, with some individual variation, has a characteristic lactation period during which time offspring are dependent solely upon their lactating mothers for nourishment. Mammalian offspring are also dependent upon mother's milk for immunity because their immune systems are immature at birth. Antibodies specific for offending organisms and substances common to the infant's environment are found in breast milk, thus protecting the baby's health (29).

Human breast milk is controversial because it is a highly valued product produced by the family for family consumption and at least up to now, has been totally removed from capitalist market control. (However, researchers have been experimenting with breast milk banks. Like blood banks, human beings, in this case women, would provide the life giving substance for a sum of money or for free and the milk would then be sold to others generally at a profit (30).) Subsistence production, that is production for consumption by the producer, is contradictory to capitalism which, to be effective, must incorporate as many commodities necessary for or 'desired' by humans into the market. Without commodity

production and distribution via the market, there is no surplus value* extraction and hence no profit. Ultimate control exists with the monopoly where the capitalist concern may tailor prices and output at its discretion for profit maximization introducing innovation not to be competitive but if, and only if, such innovations increase the profitability of installations (31).

The development of suitable infant formulas and delivery bottles occurred simultaneously with the industrial revolution. Initially, such preparations were variations on the theme "condensed milk." The production of condensed milk originally was a significant contribution because unrefrigerated milk would spoil rapidly and milk was often associated with the incidence of certain diseases. Condensed milk could be stored in tins for relatively long periods of time (21). Many traditional societies did preserve milk by making yoghurts, kefir and other fermented milk products.

The Nestle Corporation and Imperialism

The Nestle Corporation was one of the first to produce condensed milk and Nestle's current policies appear to date back to the days of its founding in 1866 when the tiny household firm was owned and run by one man, Henri Nestle, a chemist and merchant by trade. Mr. Nestle devised a milk based product which was found suitable for infant feeding. His advertising was initially concentrated on the medical profession, but later he concluded that he should aim his publicity directly at mothers stating: "mothers will do my publicity for me" (21). The Nestle Corporation thus was founded on the production of infant milk food (the precursor to formula) and, over 100 years later, in spite of expansion and diversification, continues to produce formula, but now on a world scale. Today, Nestle is a multinational corporation which participates in a world food oligopoly.** As recently as 1978, according to Fortune, Nestle was listed as 30th of the 50 largest industries worldwide, and the second largest industrial food producer behind Unilever of Holland (32). In many nations Nestle has virtual monopolies on the sale of several to many commodities.

Although much of Nestle's expansion has been in Third World nations, its greatest turnover has been in the industrialized nations where it obtains approximately 60% of its sales (26). Profitability, of course, often rests upon obtaining cheap raw foodstuffs such as tea, coffee and cocoa from the undeveloped countries. Thirty years ago it was reported that Nestle controlled the West German market in chocolate, condensed

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*Surplus value: the difference between the value of labor-power, which the worker receives in the form of "wages" and the value created by him in the process of production. This difference, the profit, belongs to the capitalist. Exploitation means precisely this appropriation by the capitalists of the surplus value created by the workers. Surplus value is the source of income to the class of capitalists--profit to the industrial (and merchant) capitalists, rent to the landowners, and interest to the owners of money-capital (bankers, bondholders, etc.).

**Oligopoly: an oligopolistic industry is one characterized by a few giant sellers each of which controls a significant share of the market.

milk and concentrated soups (33). In 1971, Nestle controlled 75% of the condensed milk sales and 80% of the instant coffee sales in that country (34). Beginning after World War I, Nestle began investing heavily into developing countries, a process which was greatly accelerated after World War II (21). Nestle has been singled out among infant formula producers because it has been a more active seller in the poor nations, particularly in Latin America and Africa, and it is by far the largest exporter of infant formula in the world. Approximately 35% of Nestle's infant formula sales are in Latin America alone (35).

Figures 3 and 4 are based on information taken from Nestle's 1978 Annual Report (26). The report, perhaps intentionally because of the infant formula controversy, does not clarify into which category infant formula should fall, but it would appear to be under dietetic milk products or milk powders. Accounting for this classification ambiguity, it can be seen that formula is sold in at least 25 developing nations and is produced in at least 10 of them. In addition, Nestle has a total of 103 factories in these countries (300 worldwide). Figure 4 gives the names of Nestle's subsidiaries in these countries some of which were locally owned and built food processing plants bought out by Nestle (26).

The profitability of Nestle's overseas operations can be seen by comparing some minimum wage levels from developing countries. In 1978, the minimum wage in Mexico was 71¢/hour; in the Dominican Republic it was 50¢/hour (36). Nestle has 11 factories in Mexico (the first appeared in 1920) and 1 in the Dominican Republic (26). Product prices do not reflect the decreased producer costs and are comparable with those of industrialized countries. In addition, cheap wage differentials in Third World countries allow products to be manufactured cheaply and exported to wherever the price obtained is the highest, taking into account exchange rates. A general law of capitalism is that capital always flows to the place where the highest rate of profit may be obtained (37). Nestle's 103 factories in the developing countries are testimony to this law.

Nestle's net profit in 1978 was 231,623,517.00 Swiss Francs. Income from subsidiaries and allied companies was 413,106,988.00 Swiss Francs. In addition, 23,000,000.00 Francs were paid to Switzerland as taxes (26). Since Nestle is mandated to have 2/3 of its shareholders in Switzerland (38), the majority of the profits return to Switzerland in the form of dividends, etc., rather than stay in the country where they were produced. Nestle's managers can then take this capital, extracted from one developing country, and invest it in another that has favorable wage rate, and other conditions. The wage and profit arrangements allow Nestle to recuperate investments in a matter of a few years.

It is necessary at this point to examine the historical development of capitalism, a process which is typified in many respects by the activities of Nestle. According to Mandel (37), the division of the world into rich and poor nations is a result of capitalism's development. The industrial revolution was made possible by the plunder of astronomical amounts of wealth from Africa, Asia and Latin America. Estimates of this pillage include the figures in Table 1.

	No. factories	Swt. cond. milk	Evaporated milk	Past. milk & cream	Milk powder	Cheese and butter	Dietetic milk fds.	Infant cereals	Baby foods	Coffee extracts	Inst. chocolate	Liquid drinks	Choc. and candy	Soups, stews, etc.	Frozen foods	Ice cream	Yogurt, etc.	Pharmaceuticals
Central America	2	#	#		+		#	+	*		+		#	*				#
Argentina	8	*		*	*		*	*		*	*		*	*		*		*
Brazil	15	*	*	*	*		*	*	*	*	*	*	*	*	*	*	*	*
Chile	6	*	*	*	*		*	*	*	*	*		#	*	*	*		#
Colombia	10	*		*	*	*	*	*	*	*	*	*	*	*			*	#
Ecuador	5	+	#	*	*	*	+	#			+		*	*				#
Jamaica	2	*	*	+	#		#	#		#	*			+				#
Mexico	11	*		*	*	*	*	*		*	*			*	#	*	*	*
Panama	2	*	*				#	#		#	#	*	#	+				#
Peru	2	*	*		*		*	*		*	*	#	#	*				#
Puerto Rico	3	#				#		#		+	#	*	#	+				*
Dominican Rep.	1	*	*		*		#	#			#	*		+				#
Surinam	1	#	#	#			#	#		#	#		#	+				#
Trinidad	1	*	#	+	#	#	#	#		+	+	*	#	#				#
Uruguay	1						#	#		*	*		*					#
Venezuela	7	*	#	+	+	*	#	*		*	*	*	+	+				#
India	2	*			*		*	*		*				*				#
Indonesia	1	*		#	+		*	+		#	*			#				#
Malaysia and Singapore	4	*	#	+	#	#	#	#		#	+	#	+	+	#			#
Philippines	2	*	*	+	+		+	+		*	*							#
Thailand	1	*		+	#		#	#		+	#	#	#	#	#			#
South Africa	10	*	*	*	*	*	*	*		+	*		*	*			*	#
Ivory Coast	1	#		#	#	#	#	#		*	#	#	#	+	#	#	#	#
Ghana	1		*				#	*		#	*		*	*				#
Kenya	1		#		*		+	*		#	*			+				#
Swaziland	1	#	#	#	#	#	#	#		#	#	*	#	+				#
Nigeria	1		#	#	#		#	#		#	#			+	#			#
Madagascar	1	*					#	#										#
Senegal	1	*	*		#		#	#		#	#	#		#	#	#		#
Rhodesia (Zimbabwe)	1	*			*		*	*		#	*							
Tunisia	1	#	#	#		#	#	*								*		#
Total Factories	103																	

Legend: * local production; # imports; + local production and imports

(26)

Figure 3. Manufacture and sale of products by Nestle in the underdeveloped nations

Country	Subsidiary Name	Location
Argentina	S.A. Nestle de Productos Alimenticios	Buenos Aires
Brazil	Companhia Industrial e Comercial Brasileira de produtos Alimentares	Sao Paulo
	Companhia de Alimentos Chambourcy	Sao Paulo
Chile	Compania Chilena de Productos Alimenticios S.A.	Santiago
Colombia	Compania Colombiana de Alimentos Lacteos S.A.	Bogota
	Industria Nacional de Productos Alimenticios S.A.	Bogota
	Comestibles La Rosa S.A.	Bogota
Ecuador	Inedeca S.A.	Quito
Jamaica	Jamaica Milk Product Ltd.	Kingston
Mexico	Compania Nestle S.A.	Mexico D.F.
Panama	Compania Panamena de Alimentos S.A.	Panama City
Puerto Rico	Nestle-Libby Inc.	San Juan
Dominican Rep.	Compania Dominicana de Alimentos Lacteos S.A.	Santo Domingo
Trinidad	Trinidad Food Products Ltd.	Port of Spain
Venezuela	Especialidades Alimenticias S.A.	Caracas
	Industria Lactea Venesolana C.A.	Caracas
Hong Kong	Nestle Products Ltd.	Hong Kong
India	Food Specialties Ltd.	New Delhi
Indonesia	P.T. Food Specialties Ltd.	Djakarta
Malaysia	Nestle Products Ltd.	Kuala Lumpur
	Food Specialties Malaya Sdn Bhd	Kuala Lumpur
Thailand	United Milk Company Ltd.	Bangkok
South Africa	Food and Nutrition Products Ltd.	Randburg-Johannesburg
Ivory Coast	Compagnie Africaine de Preparations Alimentaires CAPRAL	Abidjan
	NOVALIM	Abidjan
Ghana	Food Specialties Ltd.	Accra
Nigeria	Food Specialties Ltd.	Ilupeju-Lagos
Republic of Senegal	Compagnie de Distribution de Produits Alimentaires CODIPRAL	Dakar

(26)

Figure 4. Some of Nestle's subsidiaries in the underdeveloped nations

Table 1. Plunder of the Colonies by Europe
(adapted from Mandel, 1962)

List is by no means the total. Spain's pillage and slave labor, for example, are not included

Exploited Country or Region	Item	Period	Amount and to Whom
Indonesia	Spices	1650-1780	$6x10^8$ gold florins-Holland
Africa	Slaves	1700's	$5x10^8$ pounds-France
Africa	Slave labor	1700's	$2x10^9$ pounds-France
Br. W. Indies	Slave labor	1700's	Betw. $2-3x10^8$ pounds-England
India	Gen. plunder	1750-1800	Betw. $1-1.5x10^8$ pounds-England
		Total amount:	Over 1 billion pounds sterling*

* More than the value of all steam operated factories operating in Europe around 1800 (37).

A direct relationship exists between the industrial revolution in England and the plunder of India:

> Very soon after the battle of Plassey, the Bengal plunder began to arrive in London and the effect appears to be instantaneous for all authorities agree that the 'industrial revolution,' the event which has divided the nineteenth century from all antecedent time began with the year 1760 (the battle of Plassey was in 1757)...At once in 1759, the bank (of England) issued 10 and 15 pound notes for the first time. (39)

After plunder and the consequent industrial revolution came trade. Colonial governments made laws in order to favor the purchase of their goods over locally produced items by taxing the latter out of the market. For example, during various periods of the 16th and 17th centuries, Indian and Chinese textiles sold far cheaper in England than English cloth in India or China. As soon as Britain had sufficient power in China and India, it put heavy taxes on Chinese silk and Indian calico but only insignificant surcharges on British cloth imported into China and India. Thus, in all three countries, British textiles had the advantage. This tipped the balance of trade in favor of English commodities enriching British coffers while progressively impoverishing the orient (37). All European colonial powers followed these policies often using force to implement them until their own industry was able to produce sufficient output to compete favorably with industry in the colonies at which time "free trade" was proclaimed an economic virtue.

The result of these military-economic policies was the stagnation of once bustling village and town commerce and industry in Africa, Asia and Latin America, most notably in Asia. Many of these countries were converted from producers of manufactured items into producers of unfinished raw materials and importers of manufactured goods (37). The consequences for the colonized peoples were disastrous in terms of their physical and mental health and welfare, progress and dignity, a degradation similar to that suffered by European and U.S. workers in the 18th and 19th centuries.

The last stage of this process is the export of capital to the colonies and former colonies (most colonies in the Americas had gained independence by the early 1800's). In the mid-nineteenth century the Western economies began to stagnate. The rate of profit began to fall in Western industry and, following the law of capital flow, funds were exported to the undeveloped nations where, due to lower wages, colonial authority, an easily corruptible oligarchy and military (a remnant of colonial times in nations which had gained independence) etc., a higher rate of profit was guaranteed. Money was lent abroad with the stipulation that it was to be used to buy goods from the lending country. Operations to develop the raw materials export businesses were created: harbors, plantations, mines, etc., and only occasionally light not heavy manufacturing (37). Investments were recuperated unbelievably fast. J. F. Rippy showed that for 120 British companies with overseas investments, profits equal to double the original investment were obtained in just five of the best years (40). As Sweezy has so aptly stated,

> One can conclude that foreign investment, far from being an outlet for domestically generated surplus, is a most efficient device for transferring surplus generated abroad to the investing country. (31)

Nestle is an example of this last phase of capitalist expression having come into existence in 1866. Nestle's centennial yearbook (21) shows how the company went rapidly through the various stages of capital accumulation and finally into its monopoly capital phase with neocolonial superprofits.

> ...Superprofit is a function of an organic composition of capital* which is lower and a rate of surplus value

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*Organic composition of capital: The relation between the investment in constant capital (buildings, machinery, raw materials, fuel) and in variable capital (purchase of labor power) in a given enterprise or industry. A 'low organic composition' means one with a preponderance of variable capital over constant capital which is above the social average, i.e. a reliance on labor over constant capital which allows a high rate of surplus value appropriation and hence the generation of more capital for investment. This occurs in labor-intensive operations in places where wages are less than subsistence, unions are forbidden or intimidated often with the state police/military preventing workers from organizing for better wages, etc. In other words, human labor makes super-profits; machinery does not.

> which is higher than in the highly-industrialized metropolitan countries. The lower organic composition of capital reflects above all the feeble development of manufacturing industry, the predominance of mining, plantations and in general of forms of production which require relatively little plant. The higher rate of surplus value reflects the very low level of wages, the long working day, the persistence of the exploitation of the labor of women and children, the absence or non-application of social legislation, the wide-spread use of forced labour or labour paid in kind, in brief the continued existence in colonial and semi-colonial economy, of the features of super-exploitation which were found in the European economy in the eighteenth and nineteenth centuries. (37)

Only two nations, Switzerland and the United States, according to Mandel (1962) (37) are 'over-capitalized'--a result of capital shifts following a world war. As stated previously, Nestle's most rapid expansion into the Third World followed World War II. Swiss industry abroad, due to Swiss laws and 'neutrality' insure the return of a majority of profits to the home country which fosters the over-capitalization. Even dividends paid to overseas investors by Nestle are likely to end up in Swiss banks. These factors endow Switzerland with a preponderance of capital which must be reinvested, according to the law of capital flow, vertically and/or horizontally. Switzerland has had a remarkably stable currency for many years and has been a haven for capital from around the world, a fact which has favored Nestle's growth and prosperity:

> Its broad geographical and product diversification, its involvement with the population explosion in backward countries, where it makes cheap baby food, and, finally, the fact that it keeps its cash in solid Swiss Francs make Nestle shares good insurance against depression, inflation or revolution. (41)

While Nestle may try to exonerate itself by claiming to employ thousands of people in the developing countries and to be engaged in industrial production, the fact is that such high technology food processing is redundant, contributes very little to economic development and is wasteful of scarce energy and other resources in that it takes cheap, nutritious, raw foodstuffs and transforms them into over-cooked, over-packaged, over-sugared and salted, over-'additived', over-publicized and over-priced commodities, with infant formula and baby foods being good examples of such high-tech foods. At a time when Western peoples are moving to increase their consumption of raw, unprocessed foods for health reasons (42), Third World peoples are being enticed with highly processed, expensive foods that often have much less health giving food value (27). It is a fact that the food processing industry relies on the highest relative advertising budgets of any industry. According to Lappe and Collins, it is the well-established food companies (such as Nestle) that can afford such exorbitant advertising and the ones which are expanding into Third

World countries (43). Advertising-to-sales ratios in (the domestic branded food sector of) Latin America are substantially higher than in the developed countries (44).

Mexican workers on a minimum wage for example cannot afford to purchase many of the commodities that Nestle makes. If and when they do, they divert a large part of their meager earnings to purchase the same quantity of protein, calories and vitamins (often just empty calories, e.g. chocolates) that could have been purchased at the local market for a fraction of the cost. Many of Nestle's products, e.g. frozen foods, are destined for the entrepreneurial/high government (bureaucratic) class or for export. Nestle relies on cheap raw materials such as cocoa, milk, coffee, fruits and vegetables. In Mexico, for example, Nestle does its own dairying which keeps its milk prices at a minimum (36). Other raw foodstuffs which Nestle purchases for processing are cheap due to the general level of impoverishment of the peasantry and the abundance of cheap labor in both rural and urban areas.

Large companies such as Nestle and Unilever (See Table 2) often control the world market for raw foods and can dictate prices to producers. Since they are price-fixing monopolies, even when the price of a raw food decreases, the finished product price may increase. Nestle and General Foods for example control 40% of the world coffee market and therefore have great leverage in setting producer prices. In 1968 the price of coffee beans fell by 30% relative to 1964. However, the price to consumers jumped by 13% in the U.S. (43).

Table 2. The Big Transnationals
(ranked by order of 1976 processed food sales)

Company	Home country	Total revenue (US $bn)	Foreign revenue (percentage of total)	Proportion of revenue from food processing (percent)
Unilever	Netherlands/ UK	14.8	71.0	53
Nestle Alimentana	Switzerland	7.2	95.0	86
Kraft	USA	5.0	15.1	96
General Foods	USA	4.9	25.8	89
Esmark	USA	5.3	16.0	74
Beatrice Foods	USA	5.3	21.2	74
Coca-Cola	USA	3.0	44.0	96
Greyhound	USA	3.7	n/a	64
Ralston Purina	USA	3.4	24.4	70
Borden	USA	3.4	16.0	69

Source: United Nations Centre on Transnational Corporations (44).

A final note on the growth of capitalism, reflected in the Third World activities of Nestle, is eloquently described by Marx. The industrial revolution required disenfranchised labor power--that is, people who had no means of subsistence except to offer the work of their hands to whomever would buy it. Capitalism required a surplus of labor, i.e. unemployment, for with the surplus, less than subsistence wages could be offered and the workers, to survive, would be forced to accept them. The creation of this surplus of labor power was accomplished by using military means and banditry to drive free peasants from their lands. Homes and crops were destroyed and common, public lands used by the peasants for grazing were usurped into the private hands of capitalists or nobility. Thus the peasantry, who in the late 1600's formed over 80% of the English population, were brutally forced into an abysmal form of working class slavery with capitalists profiting from such human misery. Cash crop agribusiness took over the countryside; mass production manufacturing took over the cities. The consequences were tragic for human life in both areas (2).

In Third World countries the process is being repeated today as export capital seeks cheap labor (See Table 3). The food processing industry, Nestle being one of the largest, needs cheap labor in urban and rural areas of Third World countries to keep raw material as well as finished product costs as low as possible. Cash cropping, or the growing of crops for sale rather than for direct consumption by the peasant farmer, is encouraged and enforced not only by the existence of multinational food monopolies but also by cooperating oligarchies supported by an unpatriotic military that obeys the interests of capital at the expense of the population; by a world market for foodstuffs; by international banking institutions that tie loans to cash crop production. The World Bank, for example, gives loans almost exclusively for cash crop production to insure loan repayment:*

> Delinquencies have also been reduced when repayment has been coordinated with the marketing of crops that are centrally processed, for example, cotton, cocoa, tea and coffee. (45)

Similarly, the International Monetary Fund ties its loans to the following fiscal policies (43):*

1 - currency devaluation to boost exports and reduce imports. If food is an important import (e.g. wheat, corn, rice) the poor go hungry with this arrangement.

2 - cut back in government spending which equates to sharply curtailing public health, housing, educational, and similar programs.

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*Note: The importance of international lending to third world countries is analyzed in: Magdoff, Harry "International Economic Distress and the Third World," Monthly Review, Vol. 33 no. 11, April 1982, p. 1-13; and Franklin, Bruce "Debt Peonage: The Highest Form of Imperialism?" Monthly Review, Vol. 33 no. 10, March 1982, p. 15-31.

3 - wage freezes while allowing inflation to skyrocket prices, and which results in a lower real income for workers.

4 - raise interest rates forcing many small land holders, and shopkeepers and manufacturers out of business.

5 - remove all barriers to foreign investment and 'free trade' i.e. foreign investment must be facilitated and luxury imports (contrary to the first point above) must be encouraged. The latter is to provide for the needs of the local capitalist class.

Table 3. Food Processing and Beverage Industry: charting the regional spread - Latin America

	Value of output (US $m)	Employment ('000s)	Value added per employee (US $)	Per capita processed food sales (US $)
Higher-income countries:				
Brazil	15,551	509	8,468	125
Mexico	8,775	379	7,446	145
Argentina	10,223	345	8,209	376
Venezuela	2,861	97	11,299	254
Uruguay	825	51	4,490	260
Middle-income countries:				
Colombia	2,436	85	9,459	98
Peru	935	70	5,986	46
Chile	707	101	3,802	76
Ecuador	678	39	5,744	91
Bolivia	257	24	3,833	55
Low-income countries:				
Haiti	149	6	4,393	31
Latin America Total	51,546	2,318	6,656	152
Developed economies	378,222	8,234	13,653	503

Notes: All figures relate to 1975. Per capita processed food sales are net of food industry exports and imports of food products for households. Higher-income developing countries are those with 1975 per capita GNP of over US $1,000; middle-income developing countries are in the US $250-1,000 range; and low-income developing countries are below US $250.

Source: United Nations Centre on Transnational Corporations (44).

Not surprisingly, countries with military dictatorships or prolonged martial law, that is, countries best suited to implement the IMF's policies, have been favored to receive these loans. Nestle has taken advantage of these sometimes militarily enforced IMF policies. For example, since 1964, when the Brazilian military toppled the populist democratically elected government of President J. Goulart, Nestle has expanded its Brazilian interests to the point of having 15 factories by 1978, more than it had in most West European nations (26). The misery in the heavily populated favelas (shantytowns) of Rio (46) and Sao Paulo (47) attest to the Brazilian government's compliance with IMF and World Bank credit stipulations. In 1978, Nestle announced that it was establishing a joint venture with the South Korean government to produce formula and baby foods (48,49). South Korea is another country that has had martial law and a regime characterized by brute military force, electoral fraud, and the suppression of civil and human rights (50).

Nestle's production and distribution of infant formula represent perhaps the most dramatic outcome of monopoly capitalist practice by being associated with and contributing to, either directly or indirectly, hundreds of thousands of infant deaths each year. However, as can be seen in the above arguments, Nestle, in expanding its food processing capital and gimmickry from one poor country to another, has already shown its purpose: to amass capital and political clout derived therefrom at the expense of the poor workers and peasants who have no choice but to serve it. Whether it be a Guatemalan farm worker who earns $1.00/day picking coffee beans, a black South African factory worker, deprived of civil and human rights, receiving a per capita income of $360/year (43), or an infant critically ill from formula-induced diarrhea, malnutrition, pneumonia, etc. due to inappropriate bottle feeding, the message is clear: people live to produce profits and capital goes where surplus value is highest. Nestle is one large cog in an ugly wheel that tramples once again on the very same peoples whose cultures, livelihoods and dignity were decimated by colonial domination. Neo-colonialism, wrapped in pretty phrases, fiscal reports, macro- and micro-economic statistics is no better than the slavery that came before it. In many ways, it may be worse.

Certainly market research (reflected in Nestle's recent decisions to expand into Korea, for example) led Nestle to the activities reflected in the conclusion printed in Barrons (see above) concerning Nestle's involvement in the 'population explosion' with its decision to produce 'cheap baby foods'--a gross misstatement since in any Third World country nutritious, home-made breast milk supplements (necessary for infants from 4-6 months of age) and weaning foods can be made much more cheaply from locally produced foodstuffs than any Nestle product, not to mention the near 100% availability of breast milk (7) for newborns and young infants. However, home-made items, i.e. items produced by non-marketable, non-remunerated female household labor, including breast milk, permit no surplus value extraction. Only marketed commodities can produce surplus value; production for consumption has use-value but no exchange value. Since only exchange value permits profit-taking, goods having only use-value are devalued, according to capitalist ideology*

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*ideology: The ideas and outlooks expressing the interests of a class. A viewpoint that professes to be "neutral" or "above classes" objectively expresses the ideology, i.e. the interests, of the capitalists.

as is the person who produced them, i.e. the housewife, the subsistence farmer, etc.

Radical Editorial Commentary

The particular beauty of infant formula production/distribution from the industry point of view is that, on the one hand, the consuming infant is mute and unable to articulate her/his needs, feelings and preferences (both physiological and emotional). On the other hand, the child's mother responds hormonally, physiologically, emotionally to the termination of the suckling stimulus, as well as to suggestions that she may not produce sufficient milk. The result is a rapid decrease in milk production/ejection and within 1-2 weeks milk production ceases or decreases to a point of insufficiency (51). A dependency on breast milk substitutes, unlike other foodstuffs, is thus easy to manipulate. Industry, staffed with physicians and nutritionists, as well as marketing specialists, is well aware of and can utilize the psycho-biological factors which rapidly cause a dependence on breast milk substitutes once lactation has been jeopardized.

For a company like Nestle which, in many countries, virtually controls the infant formula market, there is therefore only one competitor --the lactating mother. Unlike other competitors, this one's milk production can be easily terminated through psychological suggestion or a marketing gimmick such as a two week's free supply of formula which, if used as directed, will induce dependency on formula since in two weeks time breast milk production will have ceased due to lack of suckling stimulus. While it cannot be said that "Nestle (intentionally) kills babies" as the War on Want pamphlet (7) implied, from a strictly marketing point of view, it is in the interests of capital accumulation that more and more infants consume formula even if such consumption results in the death of some of the consumers.

Although the death of a consumer might seem to be against business interests, formula producers are aware that the infant population rapidly outgrows its need for breast milk and its substitutes, and by approximately 6 months of age can readily consume an ever-increasing variety of adult foods. The formula consuming period is thus finite and short. Whether it be cut off by infant death or by normal digestive system maturation, formula consumption will rarely be continued beyond 9-15 months of age.

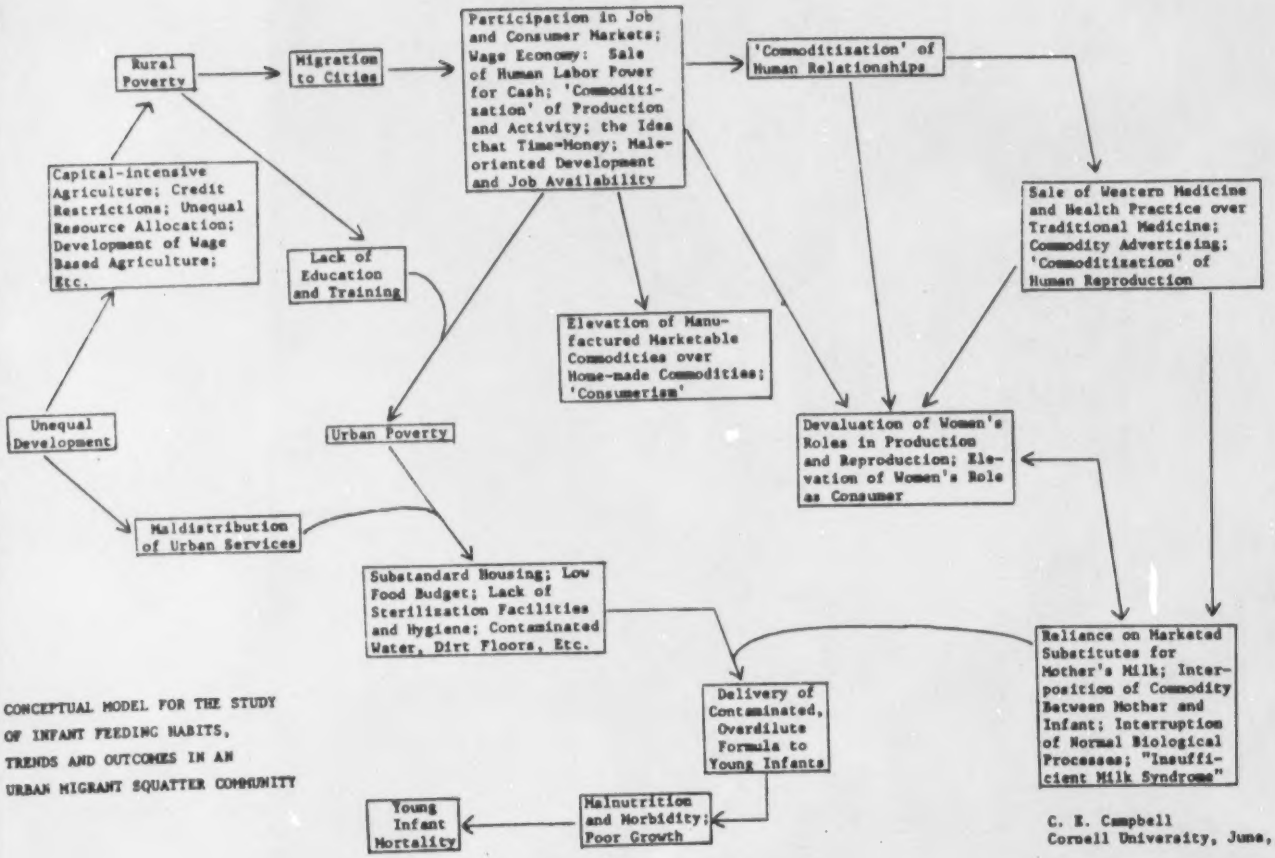
If the 'market' approached saturation however, i.e. nearly all infants being fed formula, then the profit motive could induce formula manufacturers to push for government programs aimed at lowering the infant mortality rate so there would be greater demand for formula and therefore increased sales. This however presupposes a series of other socioeconomic and political changes that affect other sectors of capitalist production such as a marked rise in GNP and in real wages and therefore the standard of living, a concomitant decrease in the birth rate and hence a labor surplus, etc. A highly diversified food manufacturer such as Nestle would have to consider its own overall interests

as well as the interests of the capitalist class as a whole, including the need for a cheap surplus labor supply for urban factories and for the production of cheap raw foodstuffs on rural plantations. If formula were Nestle's sole product, as was condensed milk in 1866, the company would have fewer internal contradictions and could see a decreased infant mortality rate as being in its interests. However, under the current situation in Third World capitalist countries which are under the political and economic domination of foreign governments and corporations, there is little motivation to keep poor people alive--the same situation that persisted in Europe and the United States throughout the industrial revolution period (mid-18th to mid-19th centuries, approximately) and into the early 20th century. Poor people form the reserve labor army which permits super profits. They are destitute, desperate for work and willing to take any job at any wage in order to survive. They are a surplus commodity and like any surplus commodity, according to capitalism's "law" of supply and demand, have little value.

The Historical Role of Women in Production and Reproduction

One question raised by the above discussion is the social and economic value of human reproduction and therefore the role of women and their offspring particularly among the poor in societies in which there appears to be, as happened in Europe in the early stages of capitalist development, a large surplus of marketable labor, i.e. a high unemployment rate (with 30-40% unemployment not uncommon). With respect to Third World countries, which are, with few exceptions, predominantly rural, however rapidly they may be urbanizing, it is necessary to examine and theorize upon the position and roles of women in societies in the "civilizing," Westernizing, urbanizing process and how this transition affects women's self-perception, socioeconomic roles, family behavior, etc. A human being does not give up a fundamental biological, social and psychological role such as lactation with such ease unless there has been a radical transformation in the mode of production and the social roles that accompany it.

To explain the widespread shift to bottle feeding in concepts that address these issues, the following model has been proposed (52). Although the model does not cover all of the issues involved in the 'modernizing' transition, it is a useful starting point for this analysis. Additional relevant items not included specifically in the model such as historical sex role evolution, colonialism and its effects on women, etc. will be covered in the discussion that follows.


Rural Poverty
Migration to Cities
Participation in Job and Consumer Markets; Wage Economy: Sale of Human Labor Power for Cash; 'Commoditization' of Production and Activity; the Idea that Time=Money; Male-oriented Development and Job Availability
'Commoditization' of Human Relationships
Capital-intensive Agriculture; Credit Restrictions; Unequal Resource Allocation; Development of Wage Based Agriculture; Etc.
Lack of Education and Training
Sale of Western Medicine and Health Practice over Traditional Medicine; Commodity Advertising; 'Commoditization' of Human Reproduction
Elevation of Manufactured Marketable Commodities over Home-made Commodities; 'Consumerism'
Unequal Development
Urban Poverty
Devaluation of Women's Roles in Production and Reproduction; Elevation of Women's Role as Consumer
Maldistribution of Urban Services
Substandard Housing; Low Food Budget; Lack of Sterilization Facilities and Hygiene; Contaminated Water, Dirt Floors, Etc.
Reliance on Marketed Substitutes for Mother's Milk; Interposition of Commodity Between Mother and Infant; Interruption of Normal Biological Processes; "Insufficient Milk Syndrome"
Delivery of Contaminated, Overdilute Formula to Young Infants
Young Infant Mortality
Malnutrition and Morbidity; Poor Growth

CONCEPTUAL MODEL FOR THE STUDY OF INFANT FEEDING HABITS, TRENDS AND OUTCOMES IN AN URBAN MIGRANT SQUATTER COMMUNITY

C. E. Campbell
Cornell University, June, 1981

Primitive to State Societies: Effects on Women

Women have not always occupied the roles which are assigned them in modern Western society. Whereas so-called 'civilized' societies are patriarchal (governed by men) and patrilineal (ownership of or jurisdiction over property passed on through the father's line), primitive pre-state societies were often matrilineal, matrilocal (husband living with wife's kin) and, although less common, matriarchal (53). Women in primitive hunting and gathering societies had high status due to their contribution to the food supply which often was the major portion of total food production (54). Whereas men, as hunters, contributed the highly valued but sporadically available meat to the diet, women's gathering activities provided the daily dependable staple vegetable foods and in some cases small game. It is highly likely also that women, as gatherers, were responsible for the domestication of plants and were the first farmers in horticulture societies (53).

Studies of American Indians in the 1800's, first investigated in the classical work of Morgan (56) to be later amplified and put into a historical materialist context by Engels (57), showed significant surprising differences in social roles and community organization, including mode of production, decision-making and child rearing, from those of European societies. Leacock, in her recent writings on the Naskapi of Labrador showed that not only did women have considerable power in decision-making and productive tasks, but also that men knew and performed cooking tasks and could willingly and effectively care for children. In general, children were loved and cared for by all the community's adults rather than by a child's biological parents only (58,59). Iroquois women had high status due to the female's control of the "means, processes and distribution of local subsistence production" (60). The Iroquois had a clan-based structure in which women made decisions concerning land use and appointed the 'sachems'--tribal leaders (60). There are many, many examples of primitive, pre-state women's autonomy, political power, importance and above all, the complementary egalitarianism described by Engels (57). Among the native tribes of the eastern United States and the lowlands of South America, complementarity and reciprocity were the mode between men and women (61).

In his revolutionary work, "The Origin of the Family, Private Property and the State," Engels (57) demonstrates how class formation leads to State formation because the antagonisms between the powerful vs. subservient classes requires an organized, reproducible authority which becomes 'legality,' to insure the continuity of the division, i.e. slaves, plebes, emperor; serfs, lords, royalty; etc. State power and authority are the institutionalized methods of containing natural class antagonisms and such authority is undermined when the antagonisms, coupled with changes in the mode of production, flare up in revolution from which a new form of institutionalized division emerges. While pre-state societies undertook social reproduction* along kinship lines, state

*social reproduction: Here referring to the manner in which a society conducts the processes which insure its continuity and renewal through time.

societies gradually stripped the once all-powerful kinship structures of their power and legitimacy (62). The emergence of state structures required significant advances in technology, especially food production, metal-working, etc. which could permit the existence of an elite, non-productive class of political and ritual 'leaders.'

According to Reiter, the subordination of kinship structures, which were usually female based, was the beginning of woman's subordination to men (62). This female subordination/state formation, in varying degrees, appeared historically on nearly all continents (Aztecs, Incas, Persians, Chinese, Egyptians, etc.) but did not become a universal phenomenon until European states conquered and colonized most of the world imposing the European state system and female subordination on a multitude of pre-capitalist and pre-state societies (61).

Albers, in her work on the Sioux of North America, describes the manner in which the U. S. Government refused to deal with women or recognize matrilineal descent systems. Government officials insisted on dealing exclusively with men even in land and agricultural matters that were women's domain. In a short period of time, through 'legal'/military/economic means, the old tribal order was dismantled and crushed, thus depriving women almost totally of their traditional respectable position in Sioux society (63). This process was implemented throughout the colonized world (61) often with the Church being the most avid advocate of patriarchy, patrilineality and the subordination of women, the privatization of their labor and reproduction (58,60).

The subordination of women in state society led to an ever-increasing privatization of women's labor which, according to the changes in the mode of production, became more and more invisible and outside the productive, economic sphere. Under capitalism, which is characterized by market relations, women's labor and household production, which are not bought and sold on the labor/commodity market, are not even classified by most people as work at all. "Work (under capitalism) is defined as that which occurs outside the household...only those who work (outside the home) may be accorded full status as normal and honorable adult members of society" (64). 'Women's work' as mentioned in the previous section is a form of subsistence production--it has use values consumed by the family but no exchange value. Hence it is devalued by society (65). However, although women's "housework" generally produces use values but no exchange value, there is one commodity, the most important for capitalism, which possesses exchange value and which is produced exclusively by women: laboring people. In having babies, women reproduce the wage labor force which allows capitalism to exist. Labor power, a commodity sold on the labor market, is the basic requirement of capitalism.

An interesting characteristic of capitalist GNP accounting is that only goods and services that enter into market relations are tabulated. Since women's household work is not bought and sold through the market, it is not included in the GNP. In fact, if women's productive activities increase, i.e. the household economy becomes more important and the family

consumes more home-made goods, the GNP may fall although the actual standard of living could even improve (66). In this case, 'developmentalists,' representing the interests of capitalism and profit producing market relations, would call the economy a failure based on their narrow GNP accounting.

Prior to modern capitalist economic development, women's work, as part of the household economy mode of production, was highly valued and necessary for survival (67). Women's spinning, weaving, sewing, ceramics, cooking, food processing and preserving, hide tanning, etc. were useful and necessary contributions. However, the industrial revolution and the establishment of the capitalist mode of production with its emphasis on the market gradually moved an ever-increasing number of womanly labors from the home to the factory, thus displacing and devaluing women socially and economically. Womanly work, now performed by men, became more valuable.

> The same manual activities that women had performed inside their houses, with little recognition, were now done in a factory by men. For example, the production of preserved and bottled foods acquired 'importance' with its move to a factory. (19)

The high status and superiority attributed to 'man-made' commodities is part of capitalist ideology and is designed to insure consumption from the market. Women's work must be undermined because it represents a real threat to capitalism. Women historically have been capable of providing many of the goods and services which have been usurped by the capitalist mode of production. Increasing the reliance once again on the household economy with its production of use values threatens the very existence of the system. The capitalists have manipulated women's production encouraging or discouraging it according to their needs.

> Development models are primarily concerned with women insofar as their reproductive and consumption functions affect savings in the phases of capital accumulation. (66)

Women's control over their fertility is a threat also to capitalism because such control over the reproduction of the labor force has the potential of reducing the surplus labor supply which is necessary for the generation of super profits. It is a necessity for capitalism that women's productive, reproductive and consumptive functions be controlled and devalued.

> In some ways it is the ultimate alienation in our society that the ability to give birth has been transformed into a liability. (55)

As Marx described in Capital, the abysmal wage paid male workers in capitalist society is dependent upon women's unpaid labor to allow the working man and the children, the future workers, to survive on

less than subsistence wages during the phase of capital accumulation (2). "The household economy is subordinate to the dominant capitalist economy which exploits them." (68) This fact is reinforced in the productive roles and rights permitted women and is exemplified by the fact that women form 2/3 of the world's illiterate people (69). In the developing countries today, women account for no more than 20% of all industrial workers (14). They are, however, heavily employed as domestics and family aides and often earn money by doing domestic work for others (taking in laundry, ironing, etc.). This has been described as similar to the subsistence farmer that sells a surplus (68). In rural cash crop economies, as agriculture modernizes, men learn to use the new techniques and equipment while women remain subsistence producers (15). And, when women enter cash crop production, it is usually for the internal market while men's production goes for export (14).

Women are often desirous of integration into valued, productive non-privatized activities and thus feel an ambivalence towards what are deemed their traditional reproductive and household roles and responsibilities which appear as sexually determined liabilities towards their opportunities to enter the valued and respected wage labor economy (70).

In capitalist society women are forced into the role of consumers --a role which favors capitalism and gives the women the notion that they are participating in the out of home productive process. As capitalism develops and increases its penetration, women increasingly become the targets of promotional gimmicks.

> Their films, magazines and television programs provide the models for stimulating consumer interest on the periphery creating needs where there were undefined wants and unsatisfied aspirations exacerbating the economic dependency by means of an ever-increasing debt structure mediated through the balance of trade deficits...Even the lower classes became consumers of products unavailable or produced at great social cost in their countries: cosmetics, dentifrices, patent medicine, crockery, cooking ware--items that replaced indigenous products made at little to no cost before the invasion of foreign goods. Since they were often the products of household based crafts, fitted in with domestic and child-rearing tasks, the loss of these low cost productive centers increased the dependency of local producers on the mass production market. (66)

It is not surprising to see that women in countries which for several centuries have been dominated by the creators of capitalism are easily convinced to utilize infant formula. The alternative to formula is breast milk, a home-made subsistence product which, like other such items, is devalued because it does not permit the extraction of a profit to the capitalist system. That a poor urban or rural woman in a Third World country should be convinced that formula is better than 'home-made' milk is not unlike the same woman deciding to buy canned vegetables,

factory made clothing or cookware although she conceivably could have produced all three of these items utilizing her own hands and skills.

In terms of its value for the integration of the newborn into capitalist market relations, bottle feeding may be seen as the earliest instance of consumerism. Formula encourages the quest for rapid physiological need satiation at the expense of the psychological satisfaction, the human bonding, which occurs during breast feeding. Formula feeding is thus the introduction to the newborn of the consumer society in which the quest for material satiety overshadows our natural human interdependence. As baby bottle comes between the warm, loving intimacy of a mother and her infant, the next generation, so do material and market relations come between human beings. Like the bottle fed baby, we all become trapped by commodity relations and the fetishism* that obscures its essence: to produce and market commodities in such a way as to insure the generation of a profit to the owner of capital. Even when such consumption is shown to threaten the health, even the life of the consumer, as is the case with formula due, among other things, to the absence of a myriad of immune factors which are found in breast milk (29, 12), capitalist relations and profit generation require the consumption of formula.

Women and the Medical Profession

It is important for this discussion to understand the historical relationship between women and the 'modern' medical profession. Historically, at least in Europe, most of the nurturing, comforting and healing, and all of the maternity care was in the hands of women who were integral, necessary and respected members of their communities. Their knowledge was practical and often very effective based on centuries of accumulated wisdom in ethnobotony, ethnopharmacopoiea, diet, rituals, etc. (72).

In the 15th and 16th centuries, university educated men (women weren't permitted entrance) began to press for decrees and other forms of legislation that would limit the practice of medicine to those who had 'studied' medicine formally at a university (72). The medical school curriculum in those days consisted of theology and classical Greco-Roman philosophy and medicine, the latter based almost exclusively on the works of Galen "an ancient Roman physician who stressed the theory of 'complexions'...the choleric are wrathful, the sanguine are kindly, the melancholic are envious..." (72). Anatomy and physiology were virtually unknown and their study too undelicate for the genteel university medical student.

Healing, as performed by these 'professional' men, often resorted to prayers and incantations or 'magical acts.' For a toothache, Edward II's physician prescribed, for example, writing on the jaws of the King,

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* fetishism: In developed commodity production, the domination of man by the products of his own labor.

"In the name of the Father, the Son and the Holy Ghost, Amen." (72) Traditional healers, many of them women, on the other hand, used a myriad of treatments including: plants producing such drugs as digitalis and belladonna; dietary recommendations; etc., many of which are known today to possess real curative properties. It is not surprising to find that people frequently preferred the lay healer, whose treatments often had therapeutic value (72), over the professional university trained doctor who knew little about healing but much about theology--a factor which certainly endeared the nascent medical 'profession' to the church.

The professional doctors, like the lawyers of their day, were members of the aristocracy or mercantile middle class (who else had the money and leisure to study) and wanted control over the profession for economic reasons. With (female) competition eliminated, they would control all access to healing and could become wealthier and more powerful even over members of their own class who would come to them for help (72).

In the 1300's aristocratic women healers were tried for the crime of "daring to heal at all" (72). However, over a century later, jealous of the female healers' powers, corrupt, full of zealots and fearful of growing state power, the church allied itself with the medical profession and the state in the famed European 'witch hunts' which caused the violent death of millions of women who were often burned alive at the stake. One of the principal targets of these massacres were women healers. However, in practice, all women and female children became victims of the inquisitors.

> "Nine hundred witches were destroyed in a single year in the Wurzburg area, and a thousand in and around Como. At Toulouse, four hundred were put to death in a day. In the bishopric of Trier, in 1585, two villages were left with only one female inhabitant each. Many writers have estimated the total number killed to have been in the millions. Women made up some 85% of those executed--old women, young women and children." (72)

The most hated of all 'witches' was the midwife:

> The greatest injuries to the faith as regards the heresy of witches are done by midwives; and this is made clearer than daylight itself by the confessions of some who were afterwards burned. (73)

Although the male physicians had no wish to serve the rural population (they were after all aristocrats), the witch hunts murdered women healers everywhere.

In the 15th and 16th centuries, mercantilism and a rising capitalism were displacing the old feudal order (3). The new mode of production was based on specialization (professions, craft guilds, etc.) and the state protected these activities by regulating, taxing and controlling

them, factors which at the outset served to restrict competition and give power to the trade associations and their privileged members. The 'professions,' including medicine, were seeking to monopolize their craft to set prices, restrict competition from outsiders, etc. and the witch hunts were one of the bloodiest most uncontrolled means used to achieve that end.

Many healers survived the inquisition and came to the New World modifying their craft to include local and imported herbs and remedies the knowledge of which was provided by native tribal healers and Africans brought over in the slave trade. The witch hunts in the (U.S.) colonies were not aimed at healers. In fact, in the 1800's large-scale though relatively short-lived 'Popular Health Movements,' the 'Thomsonian' and the 'Grahamian,' sought to make all citizens capable of healing themselves using traditional methods (medical science had not progressed much since the middle ages and herbal and dietary remedies still gave more and better results than physicians' methods). 'Professionalism' prevailed, however, and the dilemma of the doctor became that of convincing his patients that not only his 'medicines' but also his services were worthy of payment. The nurturing, comforting aspects of medical practice which had been a community based lay profession with no 'fee scale' or 'set rates' had to be 'commoditized.' The doctors, of course, won in the end (72).

The latter half of the 1800's was a time when fortunes and power were being amassed at never imagined proportions. The genteel lady, wife of the wealthy industrialist, became nothing more than a baby (heir)-making adornment and a refuge for the capitalist man from the harsh, dirty, smelly, violent world of industry and class struggle. As showcases of wealth, leisure and sensuality, these women were kept indoors and pallid; they were dressed in bustles and tight corsets; they were pampered and bored and finally driven to 'invalidism,' an epidemic cult seen among wealthy European and U.S. wives in the mid to late 1800's (74).

Wealthy women became the targets of physicians who saw great economic potential in cultivating a practice serving wealthy "invalids." Not only did they succeed in accomplishing this, but they also built up a whole 'scientific' theory on the nature of the female mind and body to explain women's sickly, frail nature and, of course, to justify their lengthy medical treatments of these women. (The theory of course only applied to the genteel wealthy women. Working class and non-white women, while not considered intelligent, were nevertheless considered strong, crude and tough, and therefore able to withstand the horrors of the factory with no need to rest for such things as pregnancy, child birth, menstruation, etc. However, these women indeed were often very ill. Many died from TB and other dreadful diseases and there was no doctor around to soothe and help them.) (74)

Women were portrayed as a battleground between brain and uterus. (Men, interestingly, according to this medical ideology, had no conflict between their minds and genital organs.) If the brain was used the uterus would atrophy or malfunction. (This justified the prohibitions on wealthy women's intellectual development and their exclusive assignment of the role of reproducers of the capitalist class.) To "conserve energy" for reproduction, every minor physical or mental indisposition was a reason for bed rest often of great duration, e.g. several years. The uterus and later the ovaries were seen as dominating women's body and mind. Eventually, the psychology of the ovary took first place in explaining women. Women were advised to concentrate their reproductive powers but not their sensuality because the sex act itself, for both men and women, was seen as debilitating. For men, too much sexual activity might result in, among other things, the birth of girls (72).

Eventually all normal aspects of female physiology were seen as pathological: puberty, menstruation, pregnancy, child birth, menopause --the "death of the women in the woman" (74). Treatments were often severe: leeches on the breasts, cervix or vulva; ovariotomy; clitorectomy; prolonged bed rest. Freud's theories of psychoanalysis, which sought to solve the 'woman problem' with purely cerebral explanations, were no less misogynous but more subtle, powerful and, apparently 'scientific.' In classical psychoanalysis, there is no such thing as a mentally well woman and this attitude prevails today (74).

The increased number of surgical techniques performed on women eventually led to experimental surgery on poor women (and men) in charity hospitals:

> "There are heroes of war, who give up their lives on the field of battle for country and for principle, and medical heroes of peace, who brave dangers and horrors of pestilence to save life, but the homeless, friendless, degraded and possibly criminal sick poor in the wards of a charity hospital, receiving aid and comfort in their extremity and contributing each one his modest share to the advancement of medical science, render even greater service to humanity." (75)

In the U.S., gynecology was the most rapidly developing medical specialty and midwives, who delivered 50% of all babies in 1900 (72), would have to be eliminated to permit doctors to increase their knowledge of obstetrics by attending births and related 'disorders.' As one doctor wrote in the AMA Journal: "It is at present impossible to secure cases sufficient for the proper training in obstetrics, since 75% of the material otherwise available for clinical purposes is utilized in providing a livelihood for midwives" (76). The text of this statement is frightening. "The woman who was seen by her midwife as a neighbor, possibly a friend, was, in the eyes of the developing industry, not even a customer: she had become inert 'material'" (72). Unlike the midwife who stayed with the woman in her home from the onset of labor until the

postpartum woman could resume her daily routine (several days), doctors began to hurry delivery using surgery, forceps, etc. instead of letting nature take its course. "A 1912 study by a Johns Hopkins professor found that most American doctors at the time were less competent than the midwives they were replacing" (77). With the abolition of midwifery, women were effectively eliminated from medical practice which was now the purvue of men. Women, however, were welcomed as patients and guinea pigs.

As regards breast feeding, it is important to note that the development of condensed milk suitable for infant feeding came between 1860-70 --in the midst of the 'invalidism' cult. It is no wonder that Henri Nestle decided first to aim his infant milk publicity at the medical profession (21). These doctors, as caretakers of the wealthy class and obsessed with devaluing and removing, with pseudo-scientific justification, every activity save pregnancy and child birth from their female patients, were prime recipients of publicity for a commodity which would lessen the 'burden' of their patients and would allow more of a woman's time and energy to go towards the 'uterus.' The bothersome duties of frequent lactation could, in the absence of a wet nurse, now be performed by anyone.

> "From the distribution of comparatively simple cow's milk preparations to poorer working women, increasingly complex bottle-feeding began to be used by the elite, although wet nurses continued to be employed. The cultural appeal of formula feeding to paediatricians and parents in this enthusiastically science dominated period is obvious. The optimistic certainty and exuberant assurance of such developments is indicated, for example, by the 1867 book by Liebig entitled: A Food for Infants: a complete substitute for that provided by nature." (30)

Because Nestle's milk food was 'scientifically' invented by a chemist, it had great appeal in this age of science and experts. In fact, the production of packaged condensed milk may be cited as the first commodity of today's food industry. In a book called The Care and Feeding of Infants, women were exhorted to follow 'expert advice':

> "If a man wishes to raise the best grain or vegetable, or the finest cattle or horses, all admit that he must study the conditions under which alone such things are possible. If he is in doubt regarding these matters he may apply to the Agriculture Department at Washington, and be furnished with the reports of the best scientific work on these subjects by experts who make these matters their study under government supervision. But instinct and maternal love are too often assumed to be a sufficient guide for a mother." (78)

In the late 1800's and early 1900's infant formula was extolled by experts to be the best way to feed babies (30). Women, devalued and degraded in

their motherhood, willingly followed the experts' advice in this as in other matters. Nestle soon learned that mothers were receptive to his publicity and aimed it directly at them (21). In the prudish Victorian era, breast milk substitutes must have been seen as a relief to upper-class women 'invalids.' However, working class women, forced by necessity to labor in the factories together with their children, nursed their infants beside the machines in the factories, left them at home to be pacified with opium or fed them concoctions that were often (unintentionally) fatal (2). These women who could have used the formula did not have the income to obtain it. Their babies died from poverty, neglect and malnutrition caused by the abominable conditions (dirty, unventilated workplaces, 14-16 hour work day, miserable wages, etc.) of capitalist production (3). Factory women were totally unprotected by health and social legislation until the Public Health Movement, based on the newly discovered 'germ theory of disease,' decided to 'sanitize' the poor who were seen as carriers of diseases that could infect the genteel classes. The long working day and other atrocities of the factory persisted for some time, nevertheless (74).

For centuries, then, women have been the targets of the medical profession: as competition to be eliminated, as wealthy clients 'needful' of constant treatment; as pathological inferior creatures upon whom all sorts of wizardry was performed; as objects of experiment. All of this was dehumanizing for women, making them physically and psychologically dependent on men. They were able to do no task on their own without the help of some male expert or their husband who supported them. Like the shift of womanly labors from the home to the factory, female dominated healing and midwifery was, over a period of several centuries, shifted to the male dominated clinic or office.

In the 'modern' contemporary U.S. (and throughout the world where U.S.-style procedures are imitated), the whole birth process, as conceived and practiced by U.S. physicians, has been transformed from a natural, joyful, physiological process into an artificial, unnatural, alienating, fearful, ugly, pseudo-scientific process in the business-like, sterile, depressing hospital environment where child birth is equated with gunshot wounds, stroke, severe burns, heart attacks, sepsis, cancer, etc.

As women (midwives, mothers, sisters, etc.) have been effectively displaced from participation (helping, learning, teaching, etc.), the event has become more and more mechanical and almost devoid of maternal preparation for the delivery process and the infant care (including feeding) period that follows. American doctors have reached the peak of commoditizing and dehumanizing the human birth, making it an extremely expensive, ugly, unnatural, pathological event.

Some of the techniques routinely used in U.S. hospitals have been postulated to explain the fact that, among developed countries, the U.S. has one of the worst infant mortality rates and a high rate of birth-related handicaps caused by the use of the following procedures, all of which devalue women in their reproductive role.

1) Depriving the mother of familial support during labor and birth. The resulting fear experienced by women in this period may adversely affect the uterus and the labor period (79).

2) Confining the woman in labor to bed. This is a dramatic example of the physician's belief that birth is pathological. On the contrary, walking about during labor is considered beneficial in that it distracts the pregnant woman from discomfort and encourages the proper placement of the fetus' head (79).

3) Shaving the pubic hair. This routine embarrasses the woman, makes her ashamed of her body and offers less protection from infection than a simple "hair cut" (79).

4) Withholding food and drink from the woman in normal labor. Another symptom of the obstetrician's view that child birth is pathology. This process may be damaging to both the fetus and the woman. It is unnecessary and adds to the unnaturalness of a U.S. hospital birth (79).

5) Dependence on drugs for pain relief. U.S. obstetricians put women in adverse conditions where birth pains are less tolerable (or understood) and perhaps even more intense. To relieve the mother's discomfort, drugs are administered with negative consequences for mother and infant (79).

6) Labor induction by drugs. This is done for "efficiency and speed" and for the benefit of the hospital staff rather than for the mother and may hurt mother and/or infant (79).

7) Delayed birth by anesthesia. Giving drugs to delay the birth until the doctor arrives may cause infant brain damage (79).

8) Widespread use of the lithotomy position. This typical position (lying flat, legs spread apart, feet elevated in stirups) used by obstetricians while more convenient for the doctor's work, is actually an unnatural birth position producing several bad side effects (79).

9) Use of anesthesia in delivery. Anesthetics used at the moment of delivery complicate the birth process in many ways, making the mother uncapable of responding to what her body demands and stupifies both mother and infant (79).

10) Routine episiotomy. An unnecessary perineal incision used to enlarge the birth opening. The unnatural lithotomy position often makes the episiotomy necessary in that the lithotomy position produces an elongated, elliptical rather than a round opening (79).

11) Early clamping of the umbilical cord and hastened placental expulsion. Clamping deprives the infant of a good portion of his/her potential blood supply. This saves time for the doctor but may

have a negative effect on the infant and considerably reduces iron stores. The placenta is considered a messy thing to be quickly gotten rid of and is thus another denial of our biological origins (79).

12) Separating mother and newborn infant. It is important for the bonding, nurturing process that the mother-infant dyad have immediate contact after birth. Separation is psychologically and physiologically harmful (79).

13) Delayed first breast feeding; water and formula feeding after birth. Suckling shortly after birth serves many functions. It cements the relationship between mother and infant--so critical at the moment of birth; causes hormonal responses that shrink the mother's uterus, etc.; delivers antibody-loaded, nourishing colostrum to the infant. Formula and water feeding disrupt these normal processes and long-term formula feeding itself is associated with disease, obesity, allergies, dental caries, etc. (79). Breast milk is the closest thing to the nourishment received by the infant from the placenta in utero and the fetus is adapted to the mother's habitual dietary intake; to her voice, heart beat, and other aspects of her physiology that make breast feeding 'familiar' as well as healthful for the newborn.

14) Increasing widespread use of the Caesarian section. This point deserves special scrutiny because it provides an unequivocal view of the U.S. medical profession's attitude towards women, human life and nature. Between 1953 and 1962 the Caesarian section rate was 3.7%. A doctor that performed 5% Caesarian sections was suspected by his peers of malpractice. By 1978 the Caesarian section rate for the U.S. was 13.7% and climbing, with some hospitals performing as many as 25% surgical births. Although a sizeable proportion of the obstetrics profession claims to have good reason for performing these major surgical operations, many of their justifications have been shown to be unsupported by appropriate data and that, in fact, there is data to indicate an increased health risk for mother and infant due to Caesarian section (80).

A New York State hospital survey conducted by Dr. A. Fleck cited in Mother Jones (80) magazine showed that Caesarian sections were an attribute of the obstetrician and not of the pregnant woman. Dr. Fleck found that if a pregnant woman happened to have a doctor that 'liked' to do Caesarian sections she was likely to get 'sectioned,' whether such surgery was justified or not (80). This is understandable given that over 50% of all surgical procedures performed in the U.S. are considered unnecessary (81). The reasons for this high rate of unnecessary birth surgery are many and include:

a) greed. In spite of a falling birth rate, ob/gyn doctors are the highest paid group of physicians. They have accomplished this by using expensive technologies and elaborate procedures including the Caesarian section which costs about 3 times what a normal delivery costs (80).

b) arrogance, disdain and disrespect for women and for normal, unpredictable body processes. In the first place, the Caesarian section puts the doctor 100% in control of the birth at the expense of the pregnant woman (80). Furthermore, normal births (and the women who want them!) are considered pathological, criminal, abnormal:

> "It may well be that during the next 40 years the allowing (emphasis added) of a vaginal delivery or attempted vaginal delivery may need to be justified in each particular instance." (82)

Twenty years ago it was the Caesarian section that had to be justified:

> "In an American journal last year, four Israeli obstetricians suggest that an 'occult reason' may lie behind a woman's refusal of a Caesarian section." (80)

The four stated that if a pregnant woman refused to submit to a Caesarian section which the physician deemed necessary to save the fetus, the doctor must be legally entitled to warn the woman that she is committing a felony (83).

Refusal of a Caesarian section, to them, is a form of child abuse (80).

One male doctor said, when asked if he used gloves during a pelvic exam of a non-pregnant woman: "Infect, what are the you going to infect? The vagina is a dirty part of the body; what are you going to infect?" (81) With this unfounded attitude towards the human vagina, it is no wonder that obstetricians prefer to deliver "from above" (Caesarian section) rather than "from below" (vaginal) (80).

c) convenience. Caesarian sections can be timed to suit the needs of the physician and that makes them attractive since previously unpredictable labors and births can not easily be scheduled in a 9 to 5 work day. In one study of primiparas, 62% of all Caesarian sections occurred between 7 AM and 6 PM instead of being randomly scattered throughout the day (80). One (anonymous) medical man was more blunt about why a doctor might perform a Caesarian section: "Like a party that night--(a doctor does) a section because he is having a barbeque and he is doing the cooking. It happens; you know it happens." (81)

d) high technology. The electronic fetal monitor (EFM) supposedly diagnoses "fetal distress," which, it is claimed, necessitates a Caesarian section. However, the EFM gives many false positives. Two physicians wrote in a federal report, "The EFM has little if any proven benefit not given by the regular ascultation (human monitoring with a stethoscope) and it is a costly and dangerous procedure." (80) In keeping with their arrogance and disrespect for women, a group of obstetricians stated in a medical journal that the woman who refused the EFM was uninformed (ignorant) or simply selfish ("hedonistic") (84).

e) drugs. Routine use of 'Pitocin' to induce contractions often complicates the normal labor/delivery process so much that a Caesarian section becomes necessary (80).

Among the complications arising from Caesarian sections is the separation of mother and infant while the mother recovers from her major surgery (the anesthetic, pain, sickness, stitches, etc.). The whole procedure impedes mother-infant bonding and makes breast feeding difficult (if not impossible) (80).

In the child birth 'process' in the U.S., the human baby appears as a commodity coming off a somewhat complicated assembly line. The mother is the 'raw material' from which the product is made. The 'raw material' is coaxed and guided by the technician (doctor, etc.) to produce the output--the infant. The love of and respect for life, for the human being, are absent. Birth is pathological just as life under capitalism is pathological: alienating, devoid of meaning; where men and women work to produce commodities that do not satisfy their own needs but serve to make others wealthy and powerful. Child birth in such an uncaring, alienating, exploitative system must be a dehumanized process. It would be incongruent to express joy at the production of a commodity (a laborer that will produce labor power) that is to lead a life of competition in the saturated "job market" with insecurity of survival, mental and physical misery, alienation. The "warping" of the child birth process increases the doctor's income, makes the birth easier for the institution to deal with, and shows the production of human beings for what it really is--commodity production. Capitalist social and production relations are most advanced in the U.S. and the birth process is a good example of both the capitalist substructure and superstructure. What is the "value," importance, need or worth of the human being seen under capitalism as a totally replaceable commodity?

The 'experts' cannot yet replace the woman in the production of human beings (including 'android' robots) but they can dehumanize, 'technologize' and 'commoditize' the birth and post partum 'process.' In spite of obvious marked differences in the physiological and psychological make-ups of newborns; in spite of the fact that a newborn baby is most familiar to its mother's heartbeat, voice, breathing, etc., babies are taken from their mothers and lined up all looking identical in nurseries. They are fed the same, burped the same, cradled the same, held the same with the only 'variation' occurring due to personnel changes at day, afternoon and evening shifts. The infants are reminiscent of motors or other 'gadgets' lined up in the machine shop for quality control, testing or repair. The cult of 'individualism,' so prominent under advanced capitalism, is shown in the maternity nursery for the charade it really is: a coverup for the necessary conformity of advanced capitalist society--the homogeneity of the populace to suit the social and production needs of capital. The human baby, in these typical U.S. conditions, is permitted no individuality; it is a commodity, an object to be worked on by 'professionals.' The only difference permitted in this unhuman, sterile environment is that between baby boys and girls: the blue and pink colors being the first assignment of the

marked sex role differences that await these children in the capitalist socialization process.

The 'Commoditization' of Motherhood and Other Relationships*

Throughout the 20th century, the so-called scientific experts were usurping and 'commoditizing' motherhood. The experts provided advice, baby books and a child psychology promoting the 'industrial' scheduled approach to child rearing which in its regularity of activities, lack of emotion and affection, and stern training were, not uncoincidentally reminiscent of the factory with its impersonal social relations, monotonous regular tasks, etc. No longer was motherhood a 'lay' activity passed on from mothers to their daughters like the woman healer passed on her healing arts from generation to generation. Female 'intuition' (women were said to have no intellect or reasoning ability--just intuition) and practical skills had been relentlously devalued and now even child rearing became a source from which men could make money and effectively control women, the home and the future working class. More and more women consulted 'trusted experts,' instead of each other, for advice on the 'problems' of raising children. The emphasis was shifted from 'invalidism' and the 'woman problem' to the 'child problem' and woman's inability to deal with it. Physicians, psychologists, social workers, marriage and other counsellors, sociologists, etc. began to displace the home and extended family and dictate to women making them dependent and untrusting of their own wisdom, experience and knowledge. Mothers who tended to cuddle, caress and express love for their children were told that these were bad habits that would ruin their children (72). The easy demise of breast feeding, an emotional, nurturing, loving activity is understandable given the climate of the 'experts.' Even though the experts' advice and theories changed over time as capitalism demanded, nevertheless, they had the control and the last word. Rockefeller interests, the first to fund and promote 'expertism,' spent $7 million between 1923-29 to devise a method for expert-controlled child raising to "bring the home into harmony with industrial conditions" (72). The home would be a model of capitalist industrial society.

In the 1940's, permissiveness was encouraged to bring children into the rising consumer society (the ideology cited 'love and nurturing as the reason, of course). Children were to be indulged and pampered--given what they wanted (which always had a price tag attached). This ideological 'science' of childhood promoted by Dr. Spock, became the material for advertisers and producers of child-centered commodities

*Note: Under advanced capitalism, an increasing number of human needs and activities have been commoditized such as recreation (spectator and participant sports, clubs, etc.), entertainment (T.V., cinema, music, in the form of records, concerts, etc., visual arts, etc.), health, insurance, etc. Although these are important aspects of capitalist development and serve to decrease the wage power of the working class, only the health profession aspect will be dealt with in this monograph since it is the most relevant to the problem under discussion.

(72). To make superprofits, production must be sold. Everyone became a consumer, including children (even the newborn via his/her mother). Infant formula, claimed to satisfy the baby faster than breast feeding, of course, fit in with this ideology of satisfying immediately the needs of children and was often promoted as such (35).

Women's relationships to the experts in the mid-20th century were very similar to the paternalism of the 19th century medical profession. Women were said to enter motherhood by regressing to their own childhood. The idea of the 'bad mother'--either over-protecting or rejecting--came to the forefront of psychology. Society did nothing wrong to individuals. Mothers were the cause of all ills and again were seen as pathological. Dr. Joseph Rheingold of the Harvard Medical School went so far as to claim that every mother was subconsciously trying to kill her child (72). Mothers were blamed for every social ill, from alcoholism, to suicide, to impotency, to ulcers. The capitalist system with its dehumanized, competitive, individualistic social relations was at fault but women made a convenient scape goat.

As consumer society developed, the profit motive put women and the home at center stage because most of the consumer goods of the post-war era were aimed increasingly at women and their 'home-making' activities all of which had to be lauded and praised in the advertising arena (72). The needs of capital in the U.S. had made women economically powerful not because society was making amends for the historical mistreatment of women, but because productive capabilities permitted a massive output of consumer goods which had to be sold to get the profit out of the wage worker. Women controlled the pursestrings in the home and capitalism therefore made women powerful. Short-sighted psychologists responded by claiming that women were evil tyrants and despots, castrating men of their power and masculinity (72). It is the nature of the system, rarely attacked or understood by psychologists, of course, to create the conditions for women, then to ridicule them for their response.

One of the 'expert' psychologies most detrimental for lactation peaked in the post war era: the notion that mothers were naturally pathological towards their children and that to be a good mother a tranquilizing distraction was needed. This 'distraction' was abundant sex to be provided by a woman's husband. Women were to be obsessed with 'femininity' and make themselves alluring to their husbands. "The woman who didn't make the effort to be sexy and feminine (including when she was sick or hospitalized!) might not only damage her children; she might lose her husband." (72) Breast feeding was not a 'sexy' thing to do and it might deform the breasts, making them unattractive to men. This has been a fear of women for several decades who see their breasts as a symbol of their sexual attractiveness to men (30). The Talcott Parsons* school of sociology claimed the following about masculinity and femininity:

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* Talcott Parsons is considered the father of modern U.S. sociology.

> "The mother has a primarily expressive relationship with both boys and girls; in contrast, the father rewards his male and female children differently, encouraging instrumental behavior in his son and expressive behavior in his daughter. The father is supposed to be the principal transmitter of culturally based conceptions of masculinity and femininity." (emphasis added) (85)

"Thus, a competently instrumental father could make up for the harmful effects of an unfeminine mother." (72) The only role left for women was as a sex object for her husband and for society as a whole.

The capitalist mode of production, as any mode of production before it, has invented ideologies and morality to suit its interests. Capitalism has seen the necessity of undermining and victimizing women. It has pushed women from useful, productive, visible roles into private, mysterious, devalued, seemingly superfluous roles, all of which have received the mysogynous wrath of politicians, professionals, and experts. Women who went to work were chastised for working. Women that stayed at home were called fearful of the world outside their walls. Capitalism has sought to control and devalue women precisely because the capitalists see the potential power of women and want to neutralize it. Women have power because they control the production of the labor force, i.e. the production and reproduction of the laborers who toil in the factory. Women also control the education of the young, at least up until they are able to go to school, and therefore can determine the suitability of the adult for his/her role in capitalist production. Hence the multi-million dollar support given by foundations and governments to the psychologists and related professions whose job is to make the human suitable for the needs of capital.

Imperialism and Public Health

In the early 1900's, the Rockefeller and Carnegie Foundations spurred the movement to make U.S. medicine a lengthy, elitist career founded on expensive technology and commoditized health delivery systems centered in large, multi-million dollar institutions (80,86). Rockefeller interests, at this same time, began to see 'public health' programs as a means of increasing worker productivity, first in the agrarian southern U.S. (hookworm eradication) and later throughout the colonial and neo-colonial world. In addition, such programs were deemed necessary for the successful exploitation of "resources, markets and investment opportunities" (86) in tropical countries where hookworm, yellow fever and malaria were seen as impediments. "Political control of such countries was considered important for maintaining their openness to profitable investment of surplus capital from the industrialized capitalist countries." (86)

Rev. F. T. Gates, who led the Rockefeller health philanthropic drive, saw public health programs as being even more profitable than missionary programs. The latter, he claimed in 1905, "...is immensely

profitable...our import trade, traceable mainly to the channels of intercourse opened up by missionaries is enormous. Imports from heathen lands furnish us cheaply with many of the luxuries of life and not a few of the comforts, and with many things, indeed, which we now regard as necessities." (87)

According to Brown (86), "in China as throughout the world, the Rockefeller philanthropists soon concluded that medicine and public health by themselves were far more effective than either missionaries or armies in pursuing the (commercial) ends. These public health programs were blatantly intended, first, to raise the productivity of the workers in the underdeveloped countries; second, to reduce the cultural autonomy of these agrarian peoples and make them amenable to being formed into an industrial work force, and third, to assuage hostility to the United States and undermine goals of national economic and political independence." Financial control of and leadership in these foreign public health programs was to remain in the hands of the foundations in order to insure the achievement of intended goals (86).

In 1954, the United Fruit Company, with the help of the CIA, engineered the bloody downfall of progressive, non-Marxist, nationalist, populist President Jacobo Arbenz of Guatemala (88). That same year, the President of the United Fruit Co. stated why public health programs were undertaken in tropical countries (for example, Guatemala): "...because they could not get out the ore, or raise the bananas or pump the oil unless these fundamentals were taken care of." (89) A few years later, in 1961, the U.S. government and its scientists would begin a campaign of biological and conventional warfare against Cuba (90) showing that indeed "public health" programs were a two-sided coin. In 1971, the CIA was credited with the responsibility for introducing a swine flu epidemic into Cuba which destroyed half of Cuba's hog population (91). While public health was considered a worthwhile investment as long as it allowed U.S. profits from, and domination over, a neo-colonial country, the bacterial or viral poisoning of a country seeking political and economic independence was considered just as viable a tool for domination and laid bare the true aims of seemingly humanitarian health programs.

The imperialist nature of the spread of 'Western' medicine cannot be underestimated. Not only did this medicine help conquer foreign lands, it also opened up markets for urban hospital construction and drug, equipment, etc. sales. Such medical care was designed for the wealthy urban population, as opposed to the poor rural and urban masses. The elite beneficiaries of Western style medical care saw their class interests allied with those of the foreign capitalists who in turn preoccupied themselves with "caring for" their local intermediaries. With these multi-million dollar hospitals, medical school scholarships to study in Western countries and expensive technology transfers, Western medical routines as well as equipment and supply deliveries could be virtually guaranteed. "Physicians are merely the plant supervisors of the medical business. The true captains of health care are the same ones who control all the other industries." (81) Elaborate unnatural

maternity routines are among those transferred increasingly to the developing world and include, of course, formula feeding and promotion, the separation of mother and infant, etc. (79).

U.S. interest in birth control in Third World countries has increased in the past 20 years. Whereas augmenting worker productivity was the main concern of U.S. sponsored public health programs in the first half of the century, the second half has been increasingly dominated by population control efforts since certain "demographic" features such as poverty and unemployment are seen as real threats to the existence of the capitalist system (92). In response to U.S. pressure and often with U.S. provided and directed funding, "client regimes have thus curtailed their already modest mass medical programs, substituting birth control efforts instead." (92)

Birth control for the poor masses has been a preoccupation of the wealthy U.S. establishment for many decades. Margaret Sanger's birth control movement in the 1920's was acceptable not so much as a women's rights effort but as an eugenics movement with the intention of slowing down the reproductivity of the poor "unfit" masses (93). In 1950, Teddy Roosevelt spoke frankly of his desire that the rich and "fit" should reproduce lest the nation succumb to the "unfit" masses:

> "Among human beings, as among all other living creatures, if the best specimens do not, and the poorer specimens do, propagate, the type (race) will go down. If Americans of the old stock lead lives of celibate selfishness...or if the married are afflicted by that base fear of living which, whether for the sake of themselves or their children, forbids them to have more than one or two children, disaster awaits the nation." (74)

Modern science has shown that a baby's frequent suckling delays the onset of menstruation in the lactating mother and thus is an effective means of lengthening birth spacing. It seems logical that nature would have provided women with a mechanism to prevent a second physiologically costly pregnancy while having the taxing physiological as well as emotional responsibility of breast feeding and caring for an infant. Once suckling is reduced in frequency, a mother's hormonal profile changes since her body no longer has the need to produce great quantities of milk. The hormonal shift allows her to become fertile again and ready to take on another pregnancy. Lactation therefore may be seen as a means of birth control at the population level. On an individual level, breast feeding is a poor method of birth control being dependent on a number of factors (94). Thus, U.S. government agencies have increasingly funded studies aimed at elucidating the relationships between breast feeding and female fertility (30). These same agencies may promote and endorse breast feeding as a culturally acceptable means of population control, one which gives the appearance of being solely in the interests of the client population. The control of women's fertility, be it for increased population growth (prohibition

of birth control, abortions, etc.) to augment the supply of labor in the 'labor market' or for reduced fertility when overpopulation appears to be threatening the very existence of the system itself due to its abuses (high unemployment, high infant mortality, malnutrition, untreated illness, short life expectancy, etc.), has been seen as the prerogative of the ruling class. As stated previously, women are producers of the most important commodity for capitalism--labor power in the form of laborers which are borne and nurtured by women (95). For women to believe they should have personal control over this function is subversive to capitalism:

> "Never as with the advent of capitalism has the destruction of woman as a person meant also the immediate diminution of her physical integrity. Feminine and masculine sexuality had already before capitalism undergone a series of regimes and forms of conditioning. But they had also undergone efficient methods of birth control, which have unaccountably disappeared. Capital established the family as the nuclear family and subordinated within it the woman to the man, as the person who, not directly participating in social production, does not present herself independently in the labor market. As it cuts off all her possibilities of creativity and of the development of her working activity, so it cuts off the expression of her sexual, psychological and emotional autonomy....In the same way as women are robbed of the possibility of developing their creative capacity, they are robbed of their sexual life which has been transformed into a function for reproducing labor power." (95)

While breast feeding is definitely the best way to feed an infant, the promotion of breast feeding by U.S. agencies can be seen only in light of the "newly discovered" relationship between breast feeding and fertility since the short-term interests of the ruling class are in the profits accruing from the sale of formula. Liberal members of the establishment, such as those working in Rockefeller and other "philanthropic" Foundations, may see a long term benefit in promoting breast feeding since as a means of birth control it is culturally acceptable everywhere, has no pills, insertions or other memory dependent regimen associated with it, and its promotion gives the appearance of progressive, non-profit oriented humanitarianism.

Breast feeding is sometimes promoted because the immunological properties of breast milk may help reduce infant morbidity and mortality especially among poor families. Attempts to protect lactation or to increase breast feeding for these reasons alone, and without programs to improve the quality of life of women, may be undesirable, or even exploitative. Unless such efforts are coupled with effective means to improve the diets, the health and the general wellbeing of women, then they may prove to be a disservice to poor women. It should

be remembered that the provision of extra food to women to support the extra nutritional demands of lactation is much cheaper than the cost of formula to feed an infant (17).

As discussed previously, covert commercial and political motives have often been behind U.S. sponsored public health programs. Obsession with the Third World's population explosion's revolutionary potential has prompted the Western medical establishment, both public and private, to find a means of controlling women's fertility. Coincidentally, in the U.S. where low birth and unemployment rates have given the working class greater bargaining power, right wing extremists (including President Reagan) advocate less easily available birth control especially for poor women. Increasing the birth rate in the U.S., aside from hypocritical 'moral' arguments,* are certainly in the interests of capital.

Social and moral responsibility (if there really is any) for H.L.A. supporters apparently ends at birth when the infant must struggle for survival with next to no guarantees facilitating the Constitutional right to the "pursuit of happiness." Apparently a warm home in the winter and a full belly do not produce 'happiness' whereas government aid to "dependent" corporate boardmen and pentagon generals does.

The "Insufficient Milk Syndrome"

The 'Insufficient Milk Syndrome'** (IMS) (97) appears as women who inhabit a seemingly precapitalist, traditional, household social and economic order which appears segregated from the dominant mode of production, aspire to take on their new, assigned role of consumer and seek to justify their own ideologically motivated rejection of the traditional role of breast feeding which, as with other traditionally female roles, has been usurped by the capitalist system.

> "Those social relationships which women are denied because they are cut off from socially organized labor, they often try to compensate for by buying things." (95)

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* For example, the same people that support the Human Life Amendment (HLA) to the U.S. Constitution (including President Reagan) also aggressively promote the removal of economic and food aid for U.S. children and think nothing of arming and financing armies such as El Salvador's which have repeatedly massacred the innocent civilian population including the elderly, women, children and infants as young as 15 days old (96). Undoubtedly, many of the murdered Salvadoran women were pregnant but their unborn infants received no protection from the U.S. right wing's "preoccupation" for the unborn.

** 'Insufficient Milk Syndrome' - The name given to the answer "not enough milk" cited frequently in many countries by researchers investigating the "causes" of women's decisions to terminate breast feeding.

As discussed in preceding sections of this monograph, a series of powerful, historical factors have, for several centuries, devalued women and robbed them of their public, respected, useful, necessary social and 'economic' functions in production and reproduction. Under capitalism, with the rise of 'scientism' and 'expertism,' women's devaluation has taken on greater significance as even pregnancy, child birth, infant feeding, child rearing and educating have been warped and usurped by male dominated professions whose purpose is to dehumanize the human making her/him adequate for the needs of capital. Women, intentionally deprived of participation in the capitalist mode of production and devalued in the capitalist mode of human reproduction, have been, under advanced capitalism, relegated to and promoted in their role of consumer and sex object, making bottle feeding a necessity to the degree that the roles are internalized. Even women who desire to breast feed their babies may succumb physiologically to the dominant ideology which undermines their self-confidence, worth, social value, etc. making them, due to sensitive hormonal responses, truly incapable of producing sufficient milk. The 'IMS' is a product of women's historical devaluation which, under capitalism, has reached a peak of social, physiological and psychological alienation for women.

In the rural areas of 'developing countries' where capitalism coexists with precapitalist modes of production, although they be in transitory stages, women's devaluation and segregation from productive, valued roles are at a lower intensity than in a developed country such as the U.S. and not surprisingly, women are relatively free of the IMS. In the urban areas of the 'poor' countries, where the capitalist mode of production prevails, the roles assigned to women are those needed by capital (including their assignment as cheap temporary factory laborers, if the need arises) and, not uncoincidentally, the IMS is becoming more and more common. Insufficient milk is frequently the result of a woman supplementing her breast fed infant with bottle feeds. The more she supplements the less stimulation there is to her nipples and the lower the production is of breast milk. Advice by paediatricians to mothers who complain of having too little milk is often to supplement with formula. This is usually the wrong advice. It would be better to recommend more frequent sucking in order to promote lactation.

Conclusion

Mainstream Analysis

The mainstream analysis brings forth several conclusions concerning the Nestle Corporation. First of all, the use of a cooperative, collaborative medical profession is an extremely effective sales technique for Nestle as is its use of company trained and salaried health personnel employed for promotional purposes.

Secondly, while Nestle has repeatedly claimed that it provides formula as a service to mothers who participate in the work force, the data do not support the statements. Mothers rarely cite work as

the reason for formula feeding their infants and, in addition, unemployment among urban, married women with young children is very high in the developing world.

Thirdly, free sample distribution has been used not for charity purposes but as a method to increase sales among families that would not necessarily buy formula otherwise. This promotional technique has been used most frequently in hospitals where doctors, nurses, etc. routinely distribute it, lending their authority over health to the future sale.

Finally, cost-benefit analysis, which has severe limitations due to its inability to put a "price tag" on human life, happiness or suffering, nevertheless has shown that the correct use of formula is not economical for poor families in poor nations. Although a price cannot be put on the beneficial psychological effects of breast feeding or bottle feeding--induced suffering, etc., the cost of breast milk and breast feeding commodities can be compared to the substitute commodity (formula) and the auxiliary commodities that go with it (fuel, teat, bottle, sterilizing facilities, bottle, etc.). In this way, breast feeding has been shown to have monetary value over formula and should therefore be encouraged.

Marxist Analysis

The historical process of the development of the capitalist mode of production has been responsible for the widespread shift to bottle feeding. On the one hand, the formula industry, exemplified by the giant food processing Nestle Corporation, has been an active participant in capital accumulation, imperialism, and neo-colonialism. The profit motive has been the guiding force in all activities and advertising, so crucial for the superfluous food processing industry, has been the arm of implementation of another place of the capitalist mode of production, i.e. consumption ("purchase") without which there can be no realization of surplus value. In 1866 milk food, suitable for infant feeding, was Nestle's first product on the market and Nestle has reaped great benefit as its dairy product industry, including formula, paved the way for astronomical growth and expansion particularly as the two World Wars brought great amounts of capital to Switzerland. The "Third World" has provided Nestle with cheap resources, including labor and raw materials, as well as a market for its high priced products. Large-scale expansion into Third World nations has permitted the amassing of super profits. Marketing experts and businessmen have led the corporation's activities of which the only "morality" of importance has been the 'morality of the market place' which requires a free, unrestricted market and the near worship of private property.

On the other hand, the historical, dialectical, materialist study of women shows that their functions have been increasingly usurped by male dominated modes of production. Women, who historically had provided necessary, appreciated goods and services for the family and community, were gradually displaced by a male-dominated mode of production

that started with the conversion of kinship based groups into States having various modes of production and which reached the peak of female devaluation and alienation in capitalist society wherein womanly skills and capabilities were intentionally devalued or destroyed for the benefit of capital and its market. The mental and physical degradation of women, their elevation in advanced capitalist society as consumers and sex objects, and their margination from social production and reproduction are responsible for the widespread, ready acceptance of infant formula.

The modern experts, whether doctor, or psychologist, exist because their profession has historically displaced and degraded women treating them as inferior objects to be "worked" on, sanitized, guided, etc. As essential elements of modern capitalism, with its increasing need to remedy the human crises caused by the alienation and human degradation of procuring a livelihood under capitalism, the experts teach 'acceptable' behaviors and put "band aids" on evidence of contradictions that crop up repeatedly as humans become conscious of their lot or deviate from expected required behavior.

The further life appears from unpredictable, uncontrollable, biological and psychological processes (which are the evidences of life and humanity) including birth and lactation, the easier the job of converting the human being, from birth to death, into a conforming, consuming, blindly working commodity.

Capitalism has made all humans into its victims but women have experienced a particular form of degradation that is responsible for the repudiation of lactation, the use of women and her breasts as sex objects, and sales incentives for anything from liquor to shoes. The insufficient milk syndrome, of such consternation to mainstream anthropologists and a common phenomenon among parturant women throughout the capitalist world, exemplifies the fact that women have internalized the roles that capitalism has given them. Women bottle feed because that is the mode of feeding most advantageous to the capitalist system, or in ideological terms, the 'modern' thing to do. The 'warping' of human reproduction, including infant feeding, through the widespread promotion and use of formula and baby bottles, is another means of hiding our biological origins, our humanity, our human interdependence, as well as women's position in capitalist society: 1) reproducers of those that produce surplus value (the laboring, consuming class) and 2) consumers.

Public health programs and technology transfers emanating from the U.S., regardless of their apparent motive, have always covertly been aimed at making the Third World suitable for the needs of U.S. capital. Even progressive sounding breast feeding promotions are a result of the need of capitalism to control the revolutionary potential of high fertility rates given the birth control effects of breast feeding.

The great decline of breast feeding on a world scale cannot be isolated from the historical factors which have reduced women to devalued

objects worthy of disrespect and ridicule by Western society as a whole and which have fostered a medical science dependent on technology, commoditized relationships, the treatment of people as things. To understand this phenomenon, the historical roots of women's oppression must be examined. This task has been one of the aims of part II of this paper.

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